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ABSTRACT

Prepared to provide specific and detailed information that can be utilized by persons involved in setting up and/or already involved in the process of providing training for community health workers, the guide is divided into seven sections: (1) Philosophy and Description of Community Health Worker Role; (2) A Community Health Worker Looks at the Role; (3) Community Health Worker Behavioral Objectives; (4) Planning and Implementing Training Programs (Community Development, Curriculum Development, Working with an Educational Institution, and Working with a California Community College); (5) Human Services Core Curriculum (includes three course outlines: Communication for the Human Services, Community Agencies and Resources, and Human Growth and Development); (6) Health Skills Classes (teaching approaches, course outlines, and example assignments for six courses: Health Concepts, Community Family Health, Community Health Clinic Skills, Childbearing and Child Spacing, Child Health, and First Aid); and (7) Supervision of Community Health Workers. Appended are materials collected in compiling the manual (program descriptions, career ladder and salary scales, job descriptions, workshop materials; texts and references, etc.). (WL)

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Community Health Worker Program Manual

Edited by

Aurora Perales
Esperanza Walters
Jackie Washington

Compiled by

Community Health Worker Project Staff

Warren Sorenson	Project Director Ed.D., Assistant Superintendent, Education West Valley Community College
Phyllis Williams	Associate Project Director R.N., O.T.T., Instructor West Valley Community College
Aurora Perales	Community Health Worker
Jackie Washington	Program Development Officer R.N., M.S., Instructor West Valley Community College
Esperanza Walters	Program Development Officer R.N., Instructor West Valley Community College
Beatrice Porter	Program Development Officer M.A., Instructor West Valley Community College
Kate Lorig	Program Consultant R.N., M.S.
Charla Hill	Curriculum Consultant R.N., M.S., Instructor West Valley Community College
Sharon Kelkenberg	Curriculum Consultant R.N., P.H.N., Instructor West Valley Community College

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PREFACE

In recent years we have seen a proliferation of new health careers. Such job titles as home health aide, public health assistant, family health worker, community health worker, pediatric assistant and orthopedica assistant were unheard of ten years ago. With the advent of these new health careers, problems in role definition and training have arisen. What is the role of a new health careerist? What kinds of training are needed? In the area of training the results have often been to provide training which has little to do with the actual activities of the person being trained. The focus of this manual is the role and training of the Community Health Worker. The material has come from the experiences of many people: Community Health Workers themselves, their supervisors, their teachers and other persons who have been involved with the role as it has evolved over the past several years. The purpose in preparing this manual is to provide specific and detailed information that can be utilized by persons involved in setting up and/or already involved in the process of providing training for Community Health Workers.

This manual has been written by the Community Health Worker Project staff using data gathered by them, from the four workshops and through formal and informal contact with Community Health Workers. The list of workshop participants is included in the appendix.

PHILOSOPHY AND DESCRIPTION OF COMMUNITY HEALTH WORKER ROLE

Definition of "Community Health Worker" Title

Perhaps the easiest way to explain the title "Community Health Worker" is by specifying what is implied by each of the three words forming the title.

Community - It is significant that the first word in the title stresses the importance of having someone from the community or population being served actually fill this role. The Community Health Worker is above all a patient advocate, a spokesman and a facilitator, seeking to get improved health care for individuals and families. Being from the population served by a particular health care team or agency enables the Community Health Worker to immediately increase the availability and accessibility as well as the relevance of whatever health care is available. Potential barriers such as cultural and language differences, local customs and values, informal communication systems, and decision making styles are turned into avenues which increase the amount and quality of health care that actually affects the lives of people.

Sometimes the first word used in the title is some other people-oriented term, such as in "Family Health Worker" and "Child Health Advocate". All these words emphasize that this role starts with people in their current life experience, rather than having this orientation as a goal or extra component of the role. These terms also imply some degree of flexibility and mobility attached to the role, for Community Health Workers as health advocates must go where the people are, within a particular agency or in the community at large.

Other meanings of the "Community" part of the title include the requirement that Community Health Workers possess a sense of common need and purpose with the other human beings who are their friends and neighbors. Along with this awareness, people selected to serve as Community Health Workers should also have a basic ability to communicate with others and a functional belief in an individual's rights and responsibilities to be involved in personal and family health care decisions.

Most members of the health care team possess or value the above personal qualities, but often they have other priorities which interfere with their spending much time or energy with the basic human needs and qualities of the people they serve. They are trained and under obligation to save lives, oversee the health of large groups of people and make decisions based on available funds, personnel and facilities. The Community Health Worker exists first to help the whole person, and then to minister to separate needs such as for specific health teaching or care during illness.

Health - Without the "Health" part of the title, the Community Health Worker would be a community spokesman to the health care team but could give little direct or focused health service to the patient. This middle word in the title implies some training in health care facts and processes beyond what is commonly known by lay people with similar life experiences. It also specifies the areas of concern in which a Community Health Worker tries to help others. While general trust, communication and shared culture are the starting point, Community Health Workers have specific skills so they can help people toward better health.

It is at this point that the Community Health Worker role overlaps and relates with the roles of other health care providers. Probably the largest part of the role is focused on the Community Health Worker as a health teacher who explains health terms and current alternatives to patients. The other main part of the role is in direct care similar to that given by other entry level health care providers. Community Health Workers are trained to do such health tasks as preparing patients for examinations, explaining medications and procedures, doing wound dressings and performing basic laboratory tests. It is this health care component that differentiates Community Health Workers from social service technicians or mental health workers.

Differentiation of Community Health Workers from other health care providers is focused mainly on work site, types of employing agencies and amount of traditional medical training. Community Health Workers are employed mainly in outpatient facilities and community agencies. They only work with inpatient hospital or extended care facilities within roles such as patient advocate or in clinic assisting.

Many Community Health Workers are also employed as certified Home Health Aides in a combined role function, but direct home care of diagnosed patients is not generally a defined part of the Community Health Worker role. In clinic assisting situations, Community Health Workers are utilized more in direct patient assisting, such as during physical examinations, explanations and patient flow than in clinic management, billing, administering medicines, or the filing and routing of patient records. Thus they are different from both medical assistants and medical records technicians even though they often have similar responsibilities in clinic work and recording patient information.

Worker -- Although this word does not fully convey the contribution of this role to individual and family health care, it is preferred to terms such as "aide" or "assistant". The Community Health Worker is developing into a separate distinct role on the health care team and is not a lesser or watered down version of any other role. In order to avoid this implication, some agencies use stronger terms such as "Family Health Coordinator" or "Patient Care Manager". However, these terms seem to imply agency responsibilities which are not uniformly given to Community Health Workers. Other titles such as "Patient Advocate" and "Community Health Liaison" are also used. While time is required to explore and define the meanings of these terms, some similar title may eventually be adopted. Until that time, the overall name "Community Health Worker" seems to be the one most generally applicable to the role as well as the title most acceptable to people in the role.

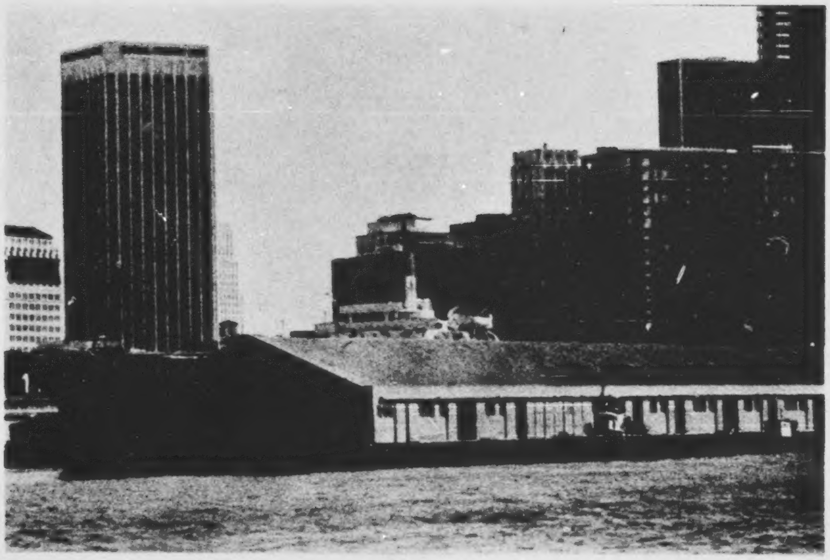
Where are Community Health Workers Found?

Community Health Workers are found wherever their role functions of community advocacy, health teaching and basic direct care are required in some combination. Thus they work in outpatient clinics, health departments, neighborhood health centers, family planning clinics, school health programs, day care centers, facilities for specific problems such as venereal disease or alcoholism, and other less health oriented sites which also happen to offer health referral information or health guidance.

The nature of the role, with its strong emphasis on being wherever the health consumer needs help, makes it hard to pin down to a few specific job sites. Even after the particular agency base is identified for an individual Community Health Worker, that person may be found in all sorts of places helping people - community agencies, hospital lobbies, front porches, busy intersections and at public telephones - as well as in a doctor's office, a clinic or in a home visit.

History of the Role

Although this role has perhaps always existed informally, such as in the helpful informative neighbor, it was formalized with a job description and related training at least forty years ago in Indian Health programs. At about the same time, government health agencies were authorized to provide care appropriate to migrant farm laborers, whose mobility and various language and customs required health workers with a similar background and a new type of health care role.



More elaborate funding and a stronger structural emphasis was given to this and similar roles in the 1960's through government health programs for underserved communities. Although this funding was varied in its distribution and utilization to large and small health care facilities in rural and urban areas, a surprising amount of similarity emerged in the job description of Community Health Workers.

Now other health care providers need to explore how Community Health Workers will be trained and utilized. We are moving beyond the point of asking "Should we have Community Health Workers?". Countless health consumers have been helped by people in such roles, and in general are beginning to expect such services as outreach and health teaching in terms they understand as a basic part of personal health rights.

Present Status of the Role

While basic components of the Community Health Worker role are becoming fairly standardized, status of the role varies as much as the titles do for the role. This is reflected by the range of salaries given Community Health Workers, with listings noted from $2.30 to $4.75 an hour. In six neighborhood health centers, three county health departments and two hospital outpatient departments surveyed in California within the past year, the range of annualized salaries for Community Health Workers was from $4410 to $9132. (See appendix for salary study.)

There is not yet a standardized system in California for the certification and/or licensure of Community Health Workers. The two approaches which are closest to a standardized system are the credited vocational certificate programs in community colleges and the civil service requirements designated for Community Health Workers in various counties. A number of health agencies have sponsored structured training programs for people in the Community Health Worker role. Such agencies are now encouraged to link their programs with more recognized systems, including where possible both a community college program and Civil Service categories.

The role is appearing in employment listings, including the California Employment Development Department (formerly Human Resources Development Department), with a listing of "Community Health Aide". Efforts have been made to have the title included in various vocational listings such as those intended as financial aid categories in California colleges.

Present options for organizational membership for Community Health Workers include the American Public Health Association, the Society of Public Health Educators, and the California Community Health Worker Association. Local councils or associations of Community Health Workers are being formed in many areas for purposes of communication, resource sharing and leadership development.

Direction of the Role

It is anticipated that the Community Health Worker will be an important part of any national health care plan that emerges in the next few years. Legislation for pre-paid health plans include some provision for outreach services and health teaching, skills strongly emphasized in the training of Community Health Workers. The precise ways the role will be included and utilized in health programs will depend to a large extent on how much imput is given to legislators and health planners by Community Health Workers and other health care providers, as well as by health consumers.

Early programs involving Community Health Workers were almost entirely developed and implemented by other health care providers such as nurses, physicians, health educators and medical social workers. Community Health Workers are beginning to speak for themselves and to seek active participation in their own training and utilization. This then increases the role's potential of remaining relevant to health care and close to the daily personal needs of people seeking that care.

Health care in this country is moving away from being primarily agency or institution based. As it becomes more "people based" and thus more flexible, Community Health Workers will form a vital link with the health consumer and the health care team.

A COMMUNITY HEALTH WORKER LOOKS AT THE ROLE

Why are Community Health Workers Needed?

The Community Health Worker as the name inplies is a community person trained to work on the health care team. Community Health Workers are trained to work with doctors, nurses and other health team members in preserving, protecting and restoring a patient's health. Their specific purpose is to help others from their own community with difficulties that interfere with healthful and useful living.

Community Health Workers are unique members of the health team. Besides greatly expanding the work of other team members in basic tasks such as outreach work, clinic assisting and interpretation, Community Health Workers make a special contribution to health care.

This unique contribution is that they help trace the invisible patient. Who is the invisible patient? It can be someone who has health complaints but has not been diagnosed. It can be someone who has lots of health problems but the doctors have not been able to diagnose the main problems or help the patient get better. It can be someone who complains of pain or feels something is wrong but seems to be perfectly healthy. Anyone who does not have a serious illness but who has other needs can be the invisible patient. The person without a job, not enough money, poor nutrition, poor housing, lack of education, poor family relationship or with no family or friends is in this category. All these people are invisible patients because they have no definite complaints that have been diagnosed and prescribed for by the ongoing health care team. To meet the needs of the invisible patients and to give more attention to them, busy doctors and nurses saw a need to train the Community Health Worker, who could be the missing "soul of casework" in modern health care.

Community Health Workers use learned skills plus intuition and their own life experience in establishing trust with the patient. This is the main step in learning what is really wrong before trying to help the person. For example A man is hospitalized because of a heart attack. After a few days he is better and the doctor decides he can go home. The man develops severe chest pains and says he has trouble breathing. Tests and examinations show no sign of further heart problems. What is the matter?

The man has been given a big bill and is being pressed to pay it. How is he going to pay the bill? Maybe his insurance will cover it, but he is afraid of future hospital bills since he also has stomach pains he has not told the doctor about. Also, the doctor said he should go home and rest, but where will he stay, and can family or friends take care of him? How will he get enough food and the right diet? Who is going to take care of his job? He needs to work to meet the needs of his family and to keep his job, but he also needs his health. Which is more important?

Are not all these things important to his wellbeing? This man needs someone to help him as a whole person. The Community Health Worker is in a special place to work with the medical team in seeing the whole patient and regarding him as a human being in need of help. Other health team members, such as the doctor or dietician or nurse are mainly concerned with getting treatment and follow-up of severe health problems. The intensity of these problems and the time it takes to deal with them has created the need for people like myself from the community to get trained in the health field.

Being a Community Health Worker has been my most rewarding experience. I have been able to apply my learning in many different ways including in my own home. Before becoming a Community Health Worker I had worked as a migrant worker in the fields picking cotton and fruits, as a waitress, a maid, a cashier, and also as a nurse's aide in a convalescent hospital.

Throughout these different jobs and my own life experiences, I have learned that people (including myself) often take dangerous chances with their health, by disregarding their doctor's advice, because of misinterpreting the diagnosis, or by misunderstanding of the medical terminology used by the medical team professionals. The reasons people have for disregarding their doctor's advice are many and varied from one person to the next, but the most common is "fear". Fear of such things as

1. having the doctor say it's just their nerves
2. not being able to pay for the medical bill
3. not wanting to know the truth about themselves or their health such as having the doctor say you are a diabetic, alcoholic, etc.
4. being hospitalized for a long time, and not having adequate provision for the family at home.

Part of the problem of getting satisfactory medical care is the practical aspect of affording it. People who need medical care the most are usually the ones not able to pay for it, because the ability to earn money to pay for the necessities of life, including medical care, depends upon the individual's health. Not every family can set money aside for the time when sickness strikes. As a Community Health Worker I have been able to use my training to draw some of these people away from confused home remedies, quack doctors and patent medicines by finding for them the right resources to help them.

For example -- a female patient has a history of tuberculosis in her family. Her sister and her father both died in a tuberculosis hospital away from home. She herself has had a tuberculin test done and it turned out to be positive. She jumps to the conclusion that she has active tuberculosis for sure. This woman does not want to be put away in some hospital because 1) she cannot afford it, and 2) she does not want to be away from the people she loves. She starts treating herself with medication from friends and neighbors or from old medication that her family might have and advise her to take. Trying to find reassurance, she has gone to different doctors, telling them only that she is tired all the time and that she cries for no reason at all. The doctors, not knowing her medical history, have said something like this: "Nothing to worry about, but make an appointment for next month to see how you're doing." They give her medication for nerves and an appointment which she never keeps.

Another example is a woman who went to see the doctor with a lump in her breast. After the examination the doctor told the patient that he thought the lump was "benign", but the only way he could be able to tell was to remove it. The doctor also told the patient that he would make an appointment at a hospital and a surgeon would take care of her.

As a Community Health Worker I was able to work with both of these patients. With the first one the patient's husband called me and said that his wife had been like a zombie for a few weeks. She only talked when spoken to and was not eating with the family. She would cry all the time, and he was about to "climb the wall." Would I please come over? Because of my training I was able to explain to all of them that a positive P.P.D. may only mean that the person had been exposed to someone with active tuberculosis (which she had) and that she had the germ within her body. I advised her that for her own protection she should go have a chest X-ray and the doctor would give her medication to get rid of these germs after he had checked her X-rays. The doctor would also give her medical advice on her other symptoms.

I was able to calm the patient's fears and concerns, by 1) being a friend who was willing to listen to her concerns without condemning, 2) telling her that the doctor was the only one that could detect any acute or chronic condition in her and only if he knew all her medical history, and 3) using visual aids I had brought such as pamphlets on tuberculosis.

I was referred to the second patient because of her missed appointment. I learned all about her general impression of the diagnosis the doctor had made. She was scared of losing her breast. Again I had to reassure the patient that the doctors were the only ones that could control the prevention of complications later on. I explained to the patient that "benign" meant not malignant and I also encouraged her to go back to the doctor and to express her fears of having her breast removed. I was able to reassure this patient only after I promised to accompany her on her next appointment.

I have talked about the patients who really had a physical problem, that the doctors have been able to see or feel. But what about the patients that have been patted on the back with remark such as, "All your tests and X-rays have turned out normal so don't worry. Everything is O.K." This means nothing is wrong with the patient's physical body, but who can see the patient's mind and soul? Patients wonder, "Why can't the doctors see the pain inside of us?"

All of us at one time or another have had inside pain. It really is our mind telling us that our body is in trouble, and unless we get some help, our healthy body will fall apart.

Working as a Community Health Worker, I find this type of patient in all walks of life. They all act differently than what is expected of a normal healthy person. They show such things as emotional stress because of:

1. a close relative dying
2. loneliness
3. shame of

a. being on welfare
b. lack of proper education
c. what he/she was when younger
d. living arrangements, such as living together without marriage
e. not meeting their parents or society's expectations
f. not having any self determination (not caring what really happens; nothing to live for.)
g. inability to learn new ways of living in this changing world, especially the widows and divorcees

4. using illness symptoms to control the family

Qualities and Duties of a Community Health Worker

The Community Health Worker has many qualities, but the person's chief characteristic is service to others given with the desire to alleviate pain, to bring comfort to mind and body and to help the sick regain health. The Community Health Worker may avert serious complications by knowing how to recognize the signs of illness and by reporting to the doctor or nurse accurate information about the patient's health problems.

The first thing a Community Health Worker must know is the meaning of health and methods on how to convey this effectively to individual patients and how to convey the patient's problems to the doctors and nurses. If you are working with a patient, a doctor and a nurse, and can communicate with one and not with the others, your help to the patient will be useless. Every one of these persons has a different language, and might have a different view of health. So keeping this in mind, the Community Health Worker will work to meet the needs of all the people involved remembering that all individuals concerned are human beings with a different need and different ideas.

There are certain personal qualities that Community Health Workers need. These are to be well adjusted, rational and courteous, and to have emotional control, sympathy, understanding, and tact. They require a sense of dedication and a genuine concern for all types of people. Community Health Workers are capable of encouraging others in the community or teaching them social adaptation by their own example. When you are courteous, in control of yourself, sympathetic, understanding, and tactful, you will give the patient and your co-workers a sense of confidence and security.

The duties of the Community Health Worker are many and very special in relation not only to the patient, but also to other health team members and to their own role. Focusing on the many difficulties of existence in the community, the Community Health Workers cooperate with the health team for improvement toward the community people, hoping to make life happier, easier and fuller for all.

Effective Ways to Help People

Helping people in the community solve personal problems is not as easy as it may sound. Sometimes it takes weeks before you can build trust in your relationship with patients and their families. Then it takes long hours of active listening to be able to perceive verbal and non-verbal messages as well as to summarize their problem, discuss prescribed tests or followup and explain the risk involved if these are not taken seriously. Before trying to communicate with others, we need to communicate with ourselves and ask, "What do I already know in order to help others with their health? How can I learn more? What are my beliefs and values? How can I best use my work time?"

The Community Health Worker must combine newly learned health skills with previous learning from life experience. Daily work schedules must be planned and work results evaluated with the supervisor and coworkers. The key to sound work methods is the ability to recognize and coordinate the three phases of doing a job - preparation, performance and completion. Effective methods are especially important when we are trying to help people get well or stay well.

As a Community Health Worker, I have worked with lots of wonderful people who have helped and encouraged me to use my learned skills, personal qualities and life experiences effectively in communicating with all the individuals involved in helping patients maintain good health.

Good health is a responsibility. Whose responsibility is it? Ours, we answer, the Community Health Workers, nurses, doctors and others on the health care team. But if we do not include the patient in this responsibility, will she or he ever have good health? I think the answer is "No", because patients we treat this way will always depend on one of us to manage for them. Our assistance to them is only to bridge the gap between what they can do for themselves and what they need.

In order to best bridge that gap, we must start with people as they are. As a Community Health Worker I represent a friend in that I provide patients the sense of happy security which comes from being with another person who cares about their identity. I have found that nobody is perfect. Each one of us is a mixture of good and bad qualities. We should recognize "good" qualities but also realize that faults only show that the person is after all a human being asking for help. We are all humans and we all start equal in the race of life.

To be free is a privilege. It is also a responsibility. In order to be allowed to say what you want and do what you wish, you must also allow others to do the same. The quality of kindness, which is sometimes expressed as "love", is an essential part of our role. Being a Community Health Worker is really part of the Golden Rule, "Do unto others as you would have others do unto you."

As a Community Health Worker I not only represent someone who respects the identity and rights of patients as people. I also represent someone who is willing to help them and to teach them how to help themselves. I try to understand people and to comfort them when things go wrong, but perhaps most important I motivate them toward making their own decisions about their health. I call it helping people find their own "vital self" within them, and to use that as the main kep to improved health. Being a friend is thus the first step to giving people the strength to stand up and reclaim themselves as persons with dignity and individuality who want and deserve the best health possible for them.

The Community Health Worker on the Health Care Team

The Community Health Worker on the health care team is like the nerve and connective tissues in our bodies. The nerve tissue carries messages to different systems in our bodies in order for them to carry out their functions; the connective tissues give support to the body as a whole. Each of our body systems has various functions, and each system contributes to the functions of other systems. When all systems are working co-operatively we have a healthy human body, with the ability to perform tasks and work with other people.

The Community Health Worker is part of a system that makes up the body of the medical team and will directly contact individuals and families in their homes in an effort to carry the message back to other health team members while still giving support to the patient.

What I am trying to stress is teamwork. The main purpose of teamwork is to exchange ideas in order to help the patient. Think before, during and after you speak and try to remember the purpose of this conversation is to exchange ideas on someone's health problems. Often others on your team will have ideas that will prove you were wrong and you can help the patient better if you listen respectfully to what others have to say. The proper attitude influences job effectiveness, and we must be aware of our own needs and those of others. One important aspect in schedule-making often is overlooked. Sometimes team members concentrate only on the tasks to be fitted into an all day work pattern, meeting everyone else's needs and forgetting the need for time to recharge personal energies with a few minutes rest or a coffee break.

Teamwork means that everyone on the team knows what they are supposed to do and does it to the best of his ability with a spirit of cooperation. In order to understand what the Community Health Worker means to the health care team we must first understand that each person on the team has individual needs, priorities and language, and different ideas on each others roles. The Community Health Worker never has any more value than what they and others make of them. They can only work with people who are willing to ask for their help and to actively participate with them. This applies to other team members as well as to patients.

Community Health Workers need to be more aware of the value of their role, and need to be recognized by doctors, nurses, supervisors, college teachers and agency administrators as part of the medical team professions, with the same rights as any other profession in the field of health. We need to be able to continue our education and to set personal and work goals as Community Health Workers.

As for when someone asks, "Who are you?" I answer with dignity "Aurora Perales, a Community Health Worker."

COMMUNITY HEALTH WORKER BEHAVIORAL OBJECTIVES

Given classes and supervised work experience, the Community Health Worker will function effectively within the Community Health Worker role, based on agency goals and training as a generalist health worker. The Community Health Worker will:

1. Demonstrate awareness of the definition, scope and limitations of the Community Health Worker role.
2. Do effective health teaching.
3. Communicate effectively.
   A. General communication
   B. Health related communication
4. Establish effective relationships with patients and co-workers.
5. Use information from and about patient to make basic health care decisions.
6. Use the resources of the community to benefit the patient.
7. Show proficiency in basic clinical skills appropriate to role.
8. Demonstrate competency in community health skills.
9. Function effectively in an agency setting.
10. Use basic counseling and crisis intervention techniques to assist the patient.

1. The Community Health Worker will demonstrate awareness of the definition, scope, and limitations of the Community Health Worker role.
    1) Show initiative in promoting effective use of the role
        a) State clearly own strenghths and areas of needed development in role skills
        b) Explain role to others
        c) Act as advocate for own role
        d) State awareness of self within the role
    2) Contribute to team functioning
        a) State roles and functions of all members of the "health team" organized or informal structure
        b) Serve as patient advocate in team discussions, stressing the concerns of the patient
        c) Confidently state own perceptions of situations and plans recommended by others
        d) Use health training plus own life experience to make unique contribution to patient care
    3) Seek and effectively use supervision and evaluation in positive manner based on shared objectives
        a) Ask information or verification questions appropriate to assignments and own level of expertise
        b) Consult supervisor and other health care personnel effectively and confidently
        c) Use evaluation as a learning experience and opportunity to reach own potential
        d) Do self evaluation using objectives current to own work
    4) Demonstrate increasing independence in self development
        a) Seek new learning experiences in work assignments
        b) Seek active furthering of own education
        c) Set goals for personal development, state ways to meet them and current progress

2. The Community Health Worker will do effective health teaching relevant to the observed situation and expressed needs of the individual or group, using specific objectives, appropriate lay or medical terms, and stimulating visual material.

    To individuals

    1) Instruction in basic health and hygiene, including prevention of illness, home care measures and promotion of normal growth and development, including good nutrition.
    2) Preparation for physical exams or consultations with other health care providers and follow-up of these by basically clarifying and explaining medicines, procedures and instructions.
    3) Explanation of facts about person's specific condition, within framework of health team's plan of care.
    4) Offering decision alternatives open to the patient in ways considerate of patient's feelings and values.

To groups

1) Presentations on common health problems and preventive care.
2) Discussion on how to use health services and resources, including individual health team members such as the Community Health Worker.

Examples of topics

1) Signs of good health
2) Basic body structures and functions
3) Use of health resources
4) Definition and prupose of common diagnostic tests
5) Lay and basic medical terms for signs and symptoms of illness
6) Cause and usual treatment of common illnesses such as colds, diarrhea and influenza
7) When to call the doctor during an illness
8) Basics of good nutrition
9) How to do a diet study
10) Purpose of common therapeutic diets, such as low salt
11) Promotion of good family functioning
12) Comparison of family planning methods
13) Physical and emotional changes during pregnancy
14) Prenatal and postnatal care
15) Care of new baby in the home
16) Norms of child development
17) Symptoms and care of childhood illnesses
18) Promotion of good family health
19) Home care of illness
20) Facts on major health problems -- cancer, venereal disease, tuberculosis, heart disease, stroke
21) Physical and emotional needs of the elderly
22) Environmental hazards and what to do about them
23) First aid and care of home emergencies
24) Community and home resources to confront natural disasters such as floods or earthquakes
25) Human rights for good health care

3. The Community Health Worker will communicate effectively.

General communication

1) Demonstrate an awareness of the communication process (including blocks to effective communication) and an ability to carry on effective oral communication on a one-to-one basis and in group situations by discussing and practicing the following techniques:
    a) Sending and acknowledging messages
    b) Listening
    c) Explaining another's (e.g., doctor's) instructions
    d) Using feedback
    e) Asking questions
    f) Clarifying feelings and messages (one's own and others)
    g) Active listening (reflective)

    - h) Observing non-verbal communication
    - i) Interviewing
    - j) Blocks to communication: being judgmental, failing to clarify, sending unclear messages, not listening
- 2) Speak confidently and effectively with co-workers, patients, and the public at large using clear, concise and complete wording to adequately and simply make a point, convey a message, or report on some occurrence, as in:
    - a) Explaining clinical and hospital routine or medications
    - b) Reassuring patient experiencing fear or anxiety
- 3) Demonstrate an ability to use reading and writing skills at the required job performance level and in the language or languages appropriate to the community. These skills may include:
    - a) Writing in ways others can understand
    - b) Using sentence structure, grammar, spelling, punctuation
    - c) Stating ideas clearly and concisely
    - d) Keeping records and writing reports
    - e) Where appropriate, interpreting or translating

Health related communication

- 1) Appropriately complete health forms on patients, such as lab slips, billing, report forms, referrals, immunization records, family health record.
- 2) Do face to face or telephone history taking on health problems in the clinic, home or outpatient setting in order to accurately obtain the following information:
    - a) Specific complaint or problem
    - b) When it started and if had it before
    - c) Symptoms
    - d) Home or prescribed treatments and medicine used
    - e) Patient concerns
- 3) Verbally report own actions and observations to supervisor and other health personnel completely and concisely, using appropriate lay and medical terminology.
- 4) Accurately record in writing on the patient's chart or health summary sheet any facts relevant to patient care, including date and place of contact, reason for contact, patient complaints or statements, own actions and plans, and consultations with others on behalf of the patient.
- 5) Confidently and effectively use skills of interpreting and translating, using related medical terminology and lay health terms in patient's own language.
- 6) Strictly maintain confidentiality of health information about individuals and families, discussing these matters only with others specifically responsible for the family's health care.

4. The Community Health Worker will establish effective relationships with patients and co-workers.
    1) Demonstrate a strong positive self-concept by projecting a confident friendly image, by recognizing and using own strengths and weaknesses as a means of working effectively with others and by communicating an honest desire to help the patient.
    2) Show a positive respect for the values, beliefs, and worth of others by accepting other people's values and priorities, by treating others equally and by respecting individuality and differences.
    3) Build trust relationships and effective working relationships with patients and co-workers by keeping own word, openly negotiating goals and methods and respecting confidences.
    4) Effectively utilize these relationships to assist individuals and groups to attain better health or health care.

5. The Community Health Worker will use information from and about the patient to make basic health care decisions within the framework of standard medical practice and the specified need or complaint.
    1) Do observations and ask questions related to the person's general state of health and any specific complaint.
    2) Sort information obtained by comparing with standard health facts.
    3) Decide on course of action --
        a) Direct action, such as basic first aid or procedures permitted in standing orders of agency or back-up professional
        b) Health instruction on how people can help themselves in health care
        c) Referral to a source of help and assistance in securing help
    4) Furnish verbal reasons for actions according to known health facts.
    5) Confirm own judgment by stating impressions and verifying them with back-up health professional.

6. The Community Health Worker will use the resources of the community to benefit the patient.
    1) Demonstrate knowledge of and ability to use both formal and informal community resources, including:
        a) Hospitals
        b) Community leaders
        c) Mental health facilities
        d) Welfare and medical resources
        e) Police
        f) Fire department
        g) Doctors
        h) Neighbors
        i) Agencies -- voluntary and public
        j) Clubs
    2) Effectively use referral and follow-up processes related to community resources.
    3) Act as a bridge between the community and the agency.
        a) Interpreting the agency role to the patient and community
        b) Interpreting the patient (and his culture) to other agency staff members
        c) Using the language of the community where appropriate
    4) Demonstrate skills in community organization where appropriate.
        a) Identifying resources and problem areas
        b) Getting information on and analyzing power structures
        c) Organizing groups and resources
    5) Assist the patient to secure transportation to health and social service agencies.
        a) Utilizing available resources -- neighbors, relatives, community agencies
        b) Furnishing transportation within agency quidelines

7. The Community Health Worker will show proficiency in basic clinical skills appropriate to role.
    1) Do specified clinical procedures either directly with the patient in the home and clinic or to assist the physician or nurse.
        a) Weight and measure patient, take vital signs and record, report any findings that seem abnormal or a change from the pattern
        b) Prepare patients for exams or procedures by draping, positioning and explaining how to cooperate comfortably
        c) Set up equipment needed for specific procedures, such as ear exam, wound suturing, pelvic exam
        d) Hand instruments and maintain sterile technique
        e) Do dressing changes, soaks and other procedures as instructed
        f) Collect specimens (urine, stool, sputum) and do basic laboratory procedures, including urine dipsticks, wounds swabs, throat cultures
        g) Do screening tests for vision and hearing, recording test results appropriately
    2) Give continuity to patients with in-clinic appointments by furnishing directions, instructions and explanations. Help patient by:
        a) Routing through clinic procedures and routines in proper sequence
        b) Explaining what to expect during the appointment
        c) Serving as go between to explain patient's concerns and physician's instructions
        d) Assisting with referral procedures and explaining follow-up instructions
    3) Consistently contribute to team functioning and work to improve own clinical functioning.
        a) Follow procedures on cleaning and preparation of work area

    - b) Clean and store equipment efficiently, including soaking or disposing of materials as appropriate
    - c) Keep other team members informed of your actions

8. The Community Health Worker will demonstrate competency in the community health skills required to effectively work in outreach programs, school health and preventive health care.
    - 1) Do case finding of people in need of health care by using door to door contact, school and other agency referrals, neighborhood groups and informal referrals.
    - 2) Assist the health care team in family assessment by being a spokesman for family concerns about health or everyday coping problems.
        - a) Do assessment visits alone and with other health team members
        - b) Gather information by observations, interviews, the medical record and consultations
        - c) Contribute to other health care providers own impressions of current family needs
    - 3) Plan effective use of own contacts with families and individuals, and coordinate with the overall plan of care, in completing daily assignments.
        - a) Get consultation in determining whether the problem requires acute, short term intensive or chronic care approaches
        - b) Plan each home visit with a specific objective which helps meet the family or individual overall goals for better health
        - c) Periodically review plans and write a brief summary on progress toward goals including any changes in family needs or in objectives
    - 4) Do health teaching, clinical procedures and other health related tasks and referrals appropriate to the patient situation. (See overall Objectives 2, 5, 6 and 7.)
    - 5) Perform tasks required by own agency's priorities to deal with major public health problems including care of specific age groups.
        - a) Follow specified agency guidelines and standard health knowledge in doing health teaching follow-up and reporting on such problems as tuberculosis, venereal disease, cancer, heart disease, handicapping conditions and rehabilitation
        - b) Serve as liaison between employing agency and special groups needing its services, such as school children, pregnant mothers, senior citizens, teenagers, etc.
    - 6) Use knowledge of environmental health and sanitation to do related assessment, health teaching and referral.
        - a) Share knowledge of public health laws with individuals and families and assist them in reporting any problems with safe water, housing and food
        - b) Seek consultation with public health personnel in assessing individual situations related to environmental health or sanitation including such matters as vector control and waste disposal

c) Assist in follow-up of problems by explaining instructions and observing for any change, in either the specific environmental problem or the health of family members

9. The Community Health Worker will function effectively in an agency setting.
   1) Demonstrate awareness of agency policies and priorities.
   2) Appropriately complete and use agency forms, such as:
      a) Personnel forms
      b) Mileage record
      c) Report and referral forms
   3) Demonstrate understanding of work responsibilities and good work habits, including:
      a) Arrive at work on time and assume responsibility for own schedule
      b) Plan work to include good use of time and equipment
      c) Show reliability in all aspects of work
      d) Maintain good health, attractive appearance and good personal hygiene
      e) Separate job and home responsibilities
      f) Arrange for babysitting and sick care of own children
   4) Contribute to improved agency functioning
      a) Up date materials
      b) Correlate new health data to job
      c) Take job related courses
      d) Suggest changes in agency policies

10. The Community Health Worker will use basic counseling and crisis intervention techniques to assist the patient in making decisions on value-laden topics or in coping with anxiety producing situations.
    1) Use basic communication skills
        a) Listening
        b) Talking with clients in their own terms
        c) Building trust
    2) Use basic counseling and teaching skills
        a) Helping people see their own situation
        b) Motivating people to get involved in finding solutions
        c) Encouraging people to use their own experience in learning and decision making
    3) Use coping techniques to deal with urgent problems such as hysteria.
    4) Use referral and follow-up techniques and mental health consultants in preparing the patient to effectively deal with underlying problems.

PLANNING AND IMPLEMENTING TRAINING PROGRAMS

There are a number of factors to consider in setting up a multi-agency program to train Community Health Workers. This section is designed to provide an overview of these factors and to offer suggested approaches which have been found to be effective.

A. Community Development

B. Curriculum Development

C. Working with an Educational Institution

D. Working with a California Community College

A. Community Development

Training programs are very expensive. One way to cut this cost is to combine the training programs of several agencies. This approach is recommended because there are basic skills which all community workers need. In addition there are several advantages to doing combined agency training programs:

1. The availability of a wide variety of educational resources.
2. A large enough number of students to make formalized training worthwhile.
3. Common training which increases opportunities for job mobility from one agency to another.
4. A large enough number of students to attract educational institutionalizing of training (adult education and/or college accreditation).
5. Increased service to clients because of increased utilization of community resources by community workers.

The main problem is how to get started. It is impossible to do a combined agency program until you identify which agencies have community workers. The easiest way to identify these agencies is to do an agency survey (see appendix for sample survey).

Who should receive your surveys? If your community has a directory of social and health service agencies, get it. Send surveys to all listed agencies. Sometimes agencies that seem unrelated to your purpose will send students to one or more courses. On one occasion a Baptist Seminary sent students to a course on resources utilization. If no directory of community services is available, use the yellow pages of the telephone book.

After the surveys have been returned and tabulated, it is time to begin making contacts. This can be done either by personal visits, by telephone or by calling a group meeting. The purpose of these personal contacts is to determine which agencies are really interested in a combined training program, how serious a commitment they are willing to make, and the problems you are likely to encounter in working with a live program.

B. Curriculum Development

Once support for the program has been ascertained, you are ready to begin on curriculum development. Form a curriculum development committee. You will want a wide variety of representation on this committee. Look at the following organizations for possible committee members:

- Educational institutions
- Outpatient and health referral agencies
- City and county government
- Traditional voluntary institutions, e.g., Red Cross
- Community based governmental organizations, such as Head Start and neighborhood health centers
- Innovative organizations such as free clinics

Do not leave out groups or organizations who disagree with you, for it is easier to deal with the differences directly than to have them outside your program. After all, their Community Health Workers are potential trainees for your program.

Once your committee is formed, you will need to carry out a task analysis in which you identify what the Community Health Workers do, what you want to do, and what knowledge and skills they will need to do these tasks. Then you can begin to structure classes and courses. The following is a step-by-step guide which can be used for setting up your training:

Step I. Start by asking yourself, "What will the health workers do?"

Step II. Write down everything you think might be possible. Some examples of activities might be formula demonstrations, vision screening, translation, transportation or health referrals.

Step III. Ask all those people who will be working directly or indirectly with the health workers what they would like to have them do. Thus, the nutritionist might want them to take family diet histories, and the mental health people might want them to work on behavior modification of patients based on positive reinforcement.

An advantage of involving others in the planning for training is that when they have participated in planning process, these same professionals will probably tend to accept the finished product which they have helped to create.

Step IV. You now have a list of all the tasks or duties which you want the Community Health Workers to perform. Next, make a second list of all the things which one needs to know in order to do the tasks on the original list. The following is an example:

List I	List II
Formula demonstrations	Must know currently recommended procedures for formula preparation.
	Must be aware of local customs on use of a formula for infant feeding.
	Must have basic skills on clean technique and a well sequenced procedure for formula preparation.
	Must know simple instruction methods for effective health teaching.

Vision screening	Must know how to use screening equipment.
	Must know how to record data.
	Must know normal limits so that a check can be made on abnormal results
Translation	Must know at least two languages.
	Must be able to accurately translate technical health data from one language to another.
	Must be able to interpret medical technical English into terms in the second language which are commonly understood.
Transport patients	Must have driver's license or a training program to get one.
	Must be able to read maps.
	Must understand the importance and proper use of seat belts.
	Must know how to use flares.
	Must know what to do in case of an accident.
	Must know how to help patients with limitation of movement into and out of the car.

Step V. Look at your second list and group like functions into classes and courses. For example, a skills course might include vision screening, how to read a thermometer, and how to prepare a patient for a physical examination. For other approaches to task analysis, see appendix).

Step VI. Set priorities. Which courses need to be taught first? What needs to be taught first in each course? Your priorities will be determined by two factors.

1. What are your most pressing service needs?

2. What knowledge must be given first so that other knowledge can be built upon it? For example, one needs to know something about blood and the circulatory system before one can explain to patients why they need to have a hemoglobin done or why their child needs to take his iron pills.

Step VII. Hunt for resources to help with the training. The following are some suggestions. Not all of these may be available in your area.

1. Yourself -- you can do all the training.

   However, unless you are superhuman, have forty hours in every workday and have no other duties, this may be impractical. On the other hand, you should do some of the training in order to stay involved, to serve as a teacher role model for the Community Health Workers and to set the tone of the program for the other teachers.

2. Other people on your staff.

   If you involve the whole staff in training, they will learn and will be more accepting of the health program.

3. Agency people from your area.

   Try asking people from the health department, Dairy Council, Red Cross, and Welfare Departments to teach some of your classes. People love to tell others what they know. The number of free training resources will amaze you. Careful care and handling of your resource people is important. Thank you notes, and/or an end-of-the-year potluck or party will promote good public relations.

4. Adult education.

   The adult education agency or night school in your community can offer courses for high school credit in almost anything you want. First see what courses are already offered and if your people would fit into any of these. Then, if you can get together fifteen or twenty students, ask adult education to offer a course meeting your specifications. They will usually pay the teacher for such a course.

5. The community college.

Again, look to see if there are any courses already given which meet your needs. If you have twenty people, you can probably get a special section taught at the time and place you wish. If no courses such as you want exist, go to the dean of occupational education and ask him if he can start a new course. This will take at least six months to implement but it is possible and often advisable. In many cases the community college will pay for the instructor.

If you are not successful with the dean of occupational education, talk to the dean of continuing education or see if the college has a community service program. The only problem with a community service program is that there is usually no credit given for these courses.

6. The state colleges and universities.

Your trainess can either go into courses which are already established or a new course might be created. One problem is that the students will probably have to pay a fee for each course and admission requirements are more difficult to meet if the course is reqularly credited.

Step VIII. Now that you have a training program based on your own service needs, decide how you can use it in a career ladder. Can the courses which you developed be used towards an A.A. or B.S. degree? Can the courses be used by people trying to enter one of the health or social work professional schools? Can the courses help someone get a civil service job?

Step IX. You are almost ready to start. However, before you begin it is well to set up some criteria for evaluation of your program. There are two things which you want the program to accomplish. First, the trainees should meet service needs. Secondly, the trainees should profit personally from the instruction they receive.

To determine if your program is a success you need to define what services the trainees are expected to give at specific points in the training program. Thus, if you decide that they should be able to take a temperature and read a thermometer after one month of training, you can evaluate your program by seeing if the trainees can actually perform this task after one month.

It is a bit harder to discover if the trainees are profiting from their training. Probably the easiest way of determining this is to ask them. They are often the best judge of how good their training really is. Much can be learned from listening to the students. Also, you can set some outcome objectives for the trainees and see if these objectives are met. Examples might be that 80% of the trainees should still be employed in the health field two years after completing training or that 30% of the trainees will continue their education following the initial training. In short, how you evaluate the program is up to you. However, it is important that you decide your evaluation criteria before you actually start the program.

Step X. Go!! By now you should have a training program. Remember that nothing is static. Watch the program closely, don't be afraid to take chances and to be flexible. Most important of all listen to your trainees, their supervisors, and the patients. If they are all happy and if your service needs are being met, you will know that you have created a first rate training program.

C. Working with an Educational Institution

Should you work with an educational institution? Before making this decision, you need to look at both the advantages and disadvantages of an accredited program. First, the advantages:

1. Students will receive recognition for their work, such as a diploma, certificate or degree.

2. High school and college credit is recognized by many employing institutions, both for job entrance and promotion.

3. High school and college credit may be used for creating career ladders.

4. Some institutions which get state financial support will pay for the instruction time (adult education programs, community colleges, state colleges).

5. The resources of the educational institution available for training include audio-visual equipment, duplication, library facilities and bookstore.

Some disadvantages of working with educational institutions include the following:

1. Courses must be geared to a semester or quarters system, although some schools are beginning to look at modular teaching so that less traditional time frames may be a reality.

2. It can take a long time to institutionalize new courses, sometimes as much as six months to a year.

3. You must learn to work within the school's regulations, for teachers and students.

4. Schools have the last word on teacher selection and course content.

5. Students must meet the entrance requirements of the institution.

If after considering these factors you decide to proceed with plans to work with an educational institution, you will need to look at the various kinds of educational institutions and decide on strategies. You need to remember that educational institutions must pay their way. Through public funds, grants, tuition, gifts from alumni or a combination of these options. The kinds of educational institutions include the following:

-- Public and private schools

-- Adult education programs

-- Community colleges

-- State colleges and universities

Once you've selected an institution, you need to find out as much as you can about it before approaching the staff. This way you avoid unnecessary delays and problems. Your preparation should include talking with members of the community, the school faculty and staff, and students. It is also helpful to know that there are some times of the year when it is best not to approach the school, such as the two weeks before classes begin and the first two weeks after classes begin each semester or quarter. When you go, have a definite plan in mind and a written summary which you can leave behind (bring several copies, if possible).

D. Working with a California Community College

New ideas enter traditional educational institutions very slowly. For a program to succeed, it must be supported, both financially and spiritually. To be supported, the program must be accepted at all levels, and this process requires some careful communication between peers and between levels of structure.

As discussed under "Community Development" a needs assessment should be done either through a community agency survey or a population analysis. The needs of the consumer of health services can be assessed if communication has been established between those who deliver and those who receive these services. The agency survey can serve this purpose if such communication lines have been well developed. An agency survey can elicit such information as uses of personnel, tasks performed, skills and knowledge required and an overview of local community health services. A population analysis can also provide a profile of the community's economic, social and demographic characteristics. Interviews with possible students will give the program a realistic flavor.

The concept of the liberal arts core, including communication skills, community resources and human growth and development should be discussed with the appropriate faculty. The skills content should be developed by those specialists in the community who could keep the courses relevant to the world of work.

All of the stages of course development from the inception of the new idea to scheduling and presentation to the curriculum committee must be strongly supported by department chairmen, and by faculty involved.

After the courses have been placed in the catalog in concise language which students can clearly understand, the publicity and recruitment for the semester can be started.

Coordination of the program will insure its continuation, and the support of the community will fill the classes. If the institution is committed to the program, the department in which it is based will place a coordinator position in the budget to insure the longevity of the program.

The most important aspect of the entire process is the evaluation. Community needs change so quickly, especially in urban areas, that programs must be reevaluated yearly to determine their relevance, and changes to meet needs made within a time frame which allows incorporation.

INTRODUCTION TO HUMAN SERVICES CORE COURSE OUTLINES

Human Services refer to all those professional relationships where people assist people. Sometimes these services are called helping services, and they traditionally include: health services, mental health services, education. Some basic knowledges, skills and attitudes are universally recognized as basic to these professions and are included in the following core courses in Human Services:

I. Communication for the Human Services

II. Community Agencies and Resources

III. Human Growth and Development

I. Course Title: Communication for the Human Services -- Semester Units: Three

A. Catalog Description: The purpose of this course is to provide students with skills in communication, observation, interviewing, planning and teaching in one-to-one and small group situations. Emphasizes practice in establishing effective human relationships and prevention of breakdown in communication. Includes verbal and non-verbal communication, information sharing, decision-making processes, value clarification, and teaching skills. Lecture three hours. Fall and Spring.
   1. Prerequisites: None
   2. Acceptable for credit: as Human Service Core course at California State Universities, and the University of California for Social Work education

B. Recommended readings:
   1. Carl Rogers, On Becoming a Person

2. Meyerhoff, On Caring
3. Julius Fast, Body Language

C. Objectives: Upon completion of the course, the student will be able to:

1. Understand the importance of and discuss each component of the communication process.
2. Demonstrate effective communication skills including:
   a. Sending clear messages
   b. Paraphrasing
   c. Giving feedback
   d. Expressing own feelings
   e. Perception checking
3. Recognize, discuss, and deal with non-verbal communication cues.
4. Understand and discuss blocks to effective communication.
5. Demonstrate the use of such interviewing techniques as:
   a. Active listening (reflecting ideas, feelings, questions)
   b. Direct questioning
   c. Indirect questioning
6. Obtain and record accurately information from a client on appropriate forms.
7. Observe and record client's behavior (process recording).
8. Assist client to identify own immediate needs (needs assessment).
9. Demonstrate teaching skills such as:
   a. Set
   b. Overview
   c. Closure
   d. Positive reenforcement
   e. Questioning
   f. Using visual aids
10. Demonstrate an acceptance of the values of others, taking the client "as is".
11. Observe and discuss small group interaction and the roles which individuals take in group discussion.

D. Course Content:

1. Communication process
   a. Definition of communication
   b. Methods of communicating
   c. Basic factors of communication:
      1) Send message
      2) Receive message
      3) Acknowledge the communication
      4) Respond to confirm understanding of message
   d. Two levels of communication
      1) Verbal (idea)
      2) Non-verbal (feeling)
2. Communication techniques
   a. Listening with attention
      1) Paraphrasing
      2) Repeating verbatim
   b. Feedback: acknowledging another person's communication (behavior or words)

    - c. Clarifying cnes own feelings
    - d. Checking out observations or feelings about another person (perception checking)
- 3. Overcoming barriers to communication
    - a. Growth in self-awareness and self-acceptance
    - b. Developing trust relationships
        - 1) Acceptance of others where they are
        - 2) Empathy
        - 3) Mutuality: helping others to help themselves
    - c. Alternatives to "solution" messages (e.g., directing, ordering, threatening, arguing, persuading with logic, giving advise, recommending, providing answers or solutions for another)
    - d. Alternatives to "put down" messages (e.g., diagnosing, criticizing, interpreting, psychoanalyzing)
- 4. Interviewing
    - a. Definition -- a purposeful conversation including both verbal and non-verbal interaction between two or more people working toward a common goal
    - b. Elements of the interview
        - 1) Purpose: state clearly
        - 2) Needs of interviewee
        - 3) Behavior of interviewee
        - 4) Interviewer skills, knowledge, attitudes
        - 5) Climate or tone: helpful, positive
        - 6) Program and policy of agency
- 5. Interviewer's activities
    - a. Self-awareness and positive self-concept
    - b. Observing and listening
        - 1) Influence of interviewer's feelings and attitudes
        - 2) Avoiding preoccupation with fixed plans
        - 3) Listening for tone of voice
        - 4) Noticing shifts in conversation
        - 5) Identifying inconsistencies and gaps
        - 6) Observing client's appearance and behavior
    - c. Responding
        - 1) Stating questions clearly
        - 2) Explaining reasons for questions
        - 3) Reflecting interviewee's statements and feelings
        - 4) Avoiding "talking down" to client
    - d. Showing acceptance
        - 1) Allowing client to express own feelings
        - 2) Decision-making by client through examination of alternatives permitting his own decisions
        - 3) Understanding reasons behind unpleasant client behavior
        - 4) Controlling personal prejudices or feelings by interviewer
    - e. Understanding and working with resistence
        - 1) Definition: those attitudes, responses, and actions which stand in the way of helping relationships (either interviewer or interviewee)
        - 2) Examples: shifting the subject, talking in circles, over-talking, making unrealistic demands, silence

            avoiding the subject, verbal agreement with no motivation to change
        f. Confidentiality
6. Written communication
    a. Recording data from the interview
    b. Filling out forms
    c. Process recording
    d. Other
7. Teaching activities
    a. Definition: imparting new information to one or more other people
    b. Planning for teaching
        1) Decide on purpose (objectives)
        2) Selecting methods
    c. Practice in using specific teaching skills: set, overview, closure, positive reenforcement, visual aids, etc.
    d. Evaluating the presentation

E. General requirements: enrollment in the course

F. Evaluation:
1. Class participation
2. Written and experience oriented tests
3. Oral feedback from class members

G. Suggested Methods and Materials:
1. Lecture and discussion
2. Pairing exercises to practice communication skills, interviewing skills and teaching skills with observer to record process
3. Video tape recording
4. Role playing

5. Films
6. Experiential exercise and games (see examples at end of Human Services section)
7. Assigned readings
8. Observation

II. Course Title: Community Agencies and Resources -- Semester Units: Three

A. Catalog Description: To acquaint the student with the community agencies and to provide him with professional relationships which will increase his knowledge of the field. Lecture three hours. Fall and Spring.
   1. Prerequisites: None
   2. Acceptable for credit: as Human Service Core course at California State Universities, and the University of California for Social Work education.

B. Recommended readings: no department requirements

C. Objectives: upon completion of the course, the student will:
   1. Have made application for service at a community agency which he has not utilized before.
      a. Be able to discuss the barriers to receiving services
      b. Be able to discuss and utilize at least two methods of overcoming barriers (negotiation, coordination, confrontation, litigation)
   2. Be able to identify individual needs and participate in a group needs assessment as it applies to course content.
   3. Be able, given a specific need, to identify a specific resource to meet the need.
      a. Describe the process for identifying resources to meet needs
      b. Utilize non-traditional resources in meeting needs
   4. Understand and discuss the meaning of structure and function of systems.
   5. Identify who is responsible for specific functions within an agency.
      a. Identify a function within a specific agency which he wishes to study
      b. Arrange for field work to study the function named above
      c. Discuss with the class the function and agency studied
   6. Have arranged, in small groups with classmates, to utilize resources to meet specific needs identified by the class.
   7. Relate in writing the eligibility criteria for major community agencies.

D. Course Content: to meet the course objectives above, the:
   1. Student will assign him/herself to a community agency to which he/she will apply for service, with the help of the local directory or index of social agencies.
   2. Students will, in groups of five, develop an instrument to assess community needs in the area of service they have chosen.
   3. Students will, in the above groups identify resources to meet the

identified needs, using those agencies listed in the index, and any informal agencies which the class, as a resource, has identified as a resource, has identified as functioning in the community.

4. Instructor will distinguish between structure and function, define institutional constraints, and other theories of community organizations which will assist the student to understand social agencies.
5. Students will pick a function within the agency and study it by means of observation and discussion.

E. General requirements:

1. Attendance at lectures.
2. Participation in field trips.
3. A term paper.
4. An oral report of the paper.

F. Evaluation:

Grades will be given on participation, the term paper and the oral report.

G. Suggested Instructional Methods and Materials:

1. Lectures by instructor.
2. Visits to community agencies.
3. Lectures by representatives from community agencies.
4. Exercises -- see examples at end of Human Services section.

III. Course Title: Human Growth and Development -- Semester Units: Three

A. Catalog Description: An analysis of the developmental behaviors associated with each stage in human development, and the way the social environment impedes or helps this development. Examples of disruptive influence on human development and the way human service occupations develop systems and services to minimize these disruptive influences.

Observation (lab) in this course will include visiting and observing agencies and groups whose purpose is to combat various kinds of disruptive effects in human development, found in early childhood, middle childhood, adolescence, and adulthood. Observations may develop answers to questions relating to: what developmental disruptions the agency is seeking to counteract (i.e., its function); ways the agency deals with problems which disrupt development (i.e., its service, treatment, or control mechanisms, including preventive aspects). Lecture three hours. Fall and Spring.

1. Prerequisites: None
2. Acceptable for credit: as Human Service Core course at California State Universities, and the University of California for Social Work education.

B. Recommended readings: see appendix).

C. Objectives: upon completion of the course, the student will be able to:

1. Apply understanding of relationship of people to their social environment in two or more cases or human situations he has observed and assessed.
2. Explain a chart depicting developmental stages. Explanation can be verbal, written, or by giving an example: e.g., using a picture, clippings, role playing, citing persons who exhibit a certain developmental stage. In each instance, the connections and relationships between the example and the developmental stage will be made clear.
3. Cite three or more instances where the social environment affected the physical or personality development.
4. Report two or more examples of large organizations or systems he has personally encountered and explain the usefulness to these systems of size, central funding, and division of work.
5. Role-play two or more examples of social services or other helping services devised to aid persons having difficulty with developmental tasks.
6. Give two or more examples of changes in society which are needed if persons are to reach their best development.

D. Course Content:

1. Types of normal development and disrupting effects
   a. What is normal development?
      1) Normal times for appearance of various stages
      2) Stages appear in more or less regular order
   b. Influence of factors on normal development
      1) Biological aspects
      2) Psychological aspects
      3) Social aspects
   c. What are disrupting effects on normal development -- that is, what slows down, stops, or makes the development different from normal development?
      1) Biological

      2) Psychological
      3) Social
2. Importance of social environment in human growth and development
   a. Everything in environment affects human functioning
   b. Problems of living in urban technical society
3. Stages, roles, and tasks of human development and disrupting effects
   Birth and infancy
      1) Normal stages and tasks
      2) Deviations from the "normal" and disrupting effects
      3) Relationship of these deviations to:
         a) Biological factors
         b) Psychological factors
         c) Environmental factors (emphasize social environmental factors)
4. Social systems
   a. What are social systems?
   b. Why are they found among all peoples and civilizations? (Example: Family)
   c. Why is social control necessary:
      1) Not harmful unless control is cruel, too much, too harsh, or too rigid
      2) What society and culture are (definition and examples)
      3) Every society must have social rules and acceptance of the social rules considered "central" or most important
      4) Social rules and influencing or demanding enforcement of these social rules is social control
   d. How social control works
      1) Dominant group(s) in society decide what are the boundaries of "normality" and of "accepted behavior"
         a) Defines others as "outsiders or rulebreakers" -- the ones who "deviate" from line of normality
         b) Importance of asking --
            (1) Whose "rules" are the outsiders breaking?
            (2) Who decides what is "accepted behavior"?
      2) Importance of more than one culture and therefore more than one set of acceptable ways of behaving
      3) Importance of certain rules of behavior for all cultures
         a) All cultures have standards for deciding whether behavior is acceptable or unacceptable
            (1) Where found: through religion and morality
            (2) Possible standard through asking: "Does this behavior demand 'too high a price'"?
               (a) Paid by individual
               (b) Paid by his family or his unborn children
               (c) Paid by society
         b) Behaviors demanding "too high a price" must be controlled by society
5. Development of systems of service and/or social control
   a. Necessity for systems in large urban societies
      1) Good and bad points of systems of service and social

control
2) Good and bad points of systems -- learning "one's way around" in a complex social system
b. Systems of resources, services and/or social control dealing with disruptive aspects of growth and development
1) Systems of service, treatment, or control for each stage of growth
a) Infancy
b) Early childhood
c) Later childhood, etc.
2) Preventive systems
6. Difficulties in running the systems which deal with disruptive aspects of human development
a. Gaps in services, inadequacies, difficulties in running the systems
1) How these gaps and inadequacies look to the administration and the worker
2) How they look to the client
b. Problems of social control in a society with pluralism of cultures
c. Importance of a certain degree of societal consensus
d. Possibility that some services may have to be abandoned and a more adequate plan for service instituted (Example: basic income maintenance transferred from local and/or state to federal responsibility and control)
7. How to do it better
a. Basic question is values: What kind of society do we want? What kind of persons do we want in this society?
b. Conflicts in values -- the ideal society and "ideal types" of persons in society mean every one must give up something -- pay some kind of price. Who is willing? Who is not willing?
c. Importance of preventing disruptive aspects of the stages of human development.

E. General requirements:
  1. Attendance at lectures
  2. Field trips and observation
  3. Oral reports
  4. Term paper

F. Evaluation
  1. Class participation
  2. Tests
  [illegible] Term paper

[illegible] Suggested Methods and Materials:
  1. Lectures by instructor
  2. Observation of different stages of growth
  3. Experiential exercises (see examples at end of Human Services section)
  4. Class discussion

Examples of Experiential Exercises
and
Instructional Games
for
Human Services Core Courses

-- Pair and Share
-- The Picnic Game
-- Brainstorming
-- Fishbowl
-- Reconnaissance Research / Team Building Exercise
-- Community Treasure Hunt
-- Community Organization Game
-- Needs Assessment Matrix
-- Blind Walk
-- Role Playing

Pair and Share

This is a simple exercise to get people to participate early in a group of strangers.

Each individual picks a partner who is not a previous acquaintance. The two talk for five minutes sharing a little about their jobs, family, hobbies or anything else which the instructor might suggest. At the end of five minutes the group gathers and each individual in a pair introduces the other person to the group.

The Picnic Game

This is an exercise by which group members learn the first names of all other group members. The game is limited to eight to fifteen members.

Starting with one person and going around the circle, each one states (1) own first name and (2) the name of something to take on a picnic which starts with the same letter as their first name. For example, Mary might bring melon. People introduce themselves in the same manner and repeat the name and item brought by the previous person. Example: "I'm Tom and I'm bringing turkey and she is Mary and she is bringing melon." This is continued adding names and items until everyone in the group has participated. The exercise can be cumulative if you wish, with each person listing names and picnic items from all previous persons.

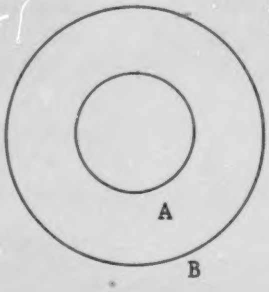
Brainstorming

The purpose of this exercise is to expose as many ideas as possible, get group participation, and reduce the threat levels. It is often used as a first step for other exercises. To be successful this exercise must be totally non-judgmental.

1. Ask group to give any ideas they have on a given topic; e.g., How many training exercises can you think of?
2. As people give ideas write down their exact words on newsprint or on chalk board.
3. Write down everything anyone says even if it doesn't seem to make sense or is a duplication. Don't allow questions or comments until all ideas have been solicited.
4. When list is completed, have group clarify any item which is not clear to everyone.

Fishbowl

Divide group into two even groups 10 to 20 people. Have Group A put chairs in a close circle (chairs touching). Group B move chairs into a circle outside of circle A.



Instructions for exercise:

1. For four minutes Group A discusses a topic. Group B listens and cannot interact.
2. Group B gives feedback to Group A on how they interacted as a group, used communication skills, etc. Group A cannot speak.
3. Groups change places and repeat steps 1 and 2.
4. Steps 1 - 3 are repeated three to four times.

How to use:

This is an excellent exercise for --

1. Teaching group process.
2. Resolving group conflict.
3. Keeping dominant group members quiet within a structured experience.
4. Evaluation.

Some observations:

1. Maintaining strict time pressure increases the speed with which group get into exercise and the depth of the discussion.
2. If the discussion lags you may change to a slightly different view of the discussion topic.
3. Only half of the group can participate at one time -- enforce this.

Reconnaissance Research / Team Building Exercise

This is an exercise which can be used a number of ways:

1. To help students learn about the community in which they work.
2. To teach the use of community reconnaissance research.
3. To build a team among the participants.

The exercise itself is simple. Make up a questionnaire about the community. See the attached sample for ideas. Give your students a set amount of time to get the information and report back. They can each get all the information, divide what is needed and each take part or work in groups depending on the objective.

When used as a team building exercise give the students the list and tell them you don't care how they get the information as long as they have a written report at a specified time and always work in groups of two or more (three or four if you have a large group). These rules help the group form a team by forcing them to:

1. deal with a common vague factor -- the few rules furnished by the instructor.
2. make decisions about how the task is to be done.
3. share a common experience.
4. work closely with at least one other person to complete a task.

Community Treasure Hunt

This exercise can be used to help students learn how to locate resources.

1. Make a list of things you want students to find in your community -- one per student. Examples:
    a. Who owns the property on which the shopping center is built.
    b. What was the headline of the local paper the day you were born.
    c. Get a pamphlet in Spanish on how to make a compost pile.
    d. Use your imagination.
2. Have students draw for the items.
3. Students have one week to find the items, they should keep a diary of how they go about it.
4. Students come back and discuss the process they went through to get the materials. The teacher stresses the many ways to find community resources.

Community Organization Game

You are the board members of a Model Cities' area. The government has just given you 6,000 pounds of food, mainly powdered milk, butter, cheese, bulgar and powdered. eggs. You are to distribute these goods within your area. How would you do it given the following information? What other information might you want?

Total population	20,000
Chicanos, mostly young families	8,000
Mexican-Americans, older or just arrived from Mexico	2,000
Blacks	6,000
Anglos, poor, mostly old established families, working class who have not moved	3,000
Skid row	500
Others	500

There are two black organizations: the NAACP -- old established, fairly conservative. The Panthers -- who run a breakfast program. There has been constant trouble with the police and the Panthers think they are being harassed.

Neither organization has more than 300 members but both are recognized by the majority of the Community.

There are three Spanish-speaking organizations: 1) C.S.O. -- an organization doing voter registration and teaching English. 2) MAPA concerned with getting federal funds for economic and social development. They have $500,000 to run a day care and recreation center. However, this is not opened yet as there have been many political problems. They are feeling defensive about this. 3) The Yound Lords -- a militant motorcycle group which runs a drug abuse program.

There are also two Catholic churches, a Church of Christ, a Baptist Church, and two Temples of God, fundamental. In addition there are a scattering of other groups such as the Girl Scouts, Mother's Clubs, labor unions, etc.

As board members you represent the following people:

1. Director -- hired by the board.
2. Elected member by residents at large -- Chicano member of MAPA.
3. Elected by youth -- Black -- member of the Panthers.
4. Elected by the older population -- a 55 year old conservative union man.
5. Two more members elected at large: one a Black -- member of the NAACP and one a Mexican-American -- a member of C.S.O.

Needs Assessment Matrix

Use to determine what students would like to learn in a given situation. Five to twenty students.

Instructions:

1. Have each student state what he/she would like to learn.
2. Have each student write down two or three things he/she would like to learn.
3. Put on the chalk board or newsprint a matrix like this:

NAMES

NEEDS	John	Mary	Carlos	Peter	PRIORITY INDEX

4. Have first student state his needs write them in the needs column and put checks in the column under student's name.
5. Repeat with second student. For need already listed put a check in square below name. List new needs and put check in proper square.
6. Repeat for each student.
7. After all students have marks on matrix ask if any one wants to check something not already checked.
8. Count checks in each horizontal column and you will have a needs priority index. Example:

NAMES

NEEDS	John	Mary	Carlos	Peter	PRIORITY INDEX
How to use welfare	✓				1
Where to get health care	✓	✓	✓	✓	4 -- first priority
Programs for alcoholics		✓		✓	2 -- second priority
Drug abuse programs			✓		1
Educational resources				✓	1

Blind Walk

Use of exercise:

1. To illustrate the need for trust.
2. To illustrate how dependent we are on non-verbal communication.
3. To demonstrate the need for good verbal directions.
4. To demonstrate how one feels in a dependent role.
5. To demonstrate how one feels to be in a controlling role.
6. To give a group a common pleasant experience -- can be used as a beginning team building experience.
7. To illustrate what it is like to be blind.

Instructions for exercise:

1. Divide group in groups of two.
2. Give a blindfold to each group.
3. For ten minutes one group members leads the other who is blindfolded.
4. At the end of ten minutes the partners change roles.
5. At the end of the exercise discuss it around any of the above subjects or other uses you can think of.

Variations:

1. One partner leads the other without touching him -- only verbal commands are used.
2. No verbal communication is used -- only touch.
3. Both touch and verbal communications are used.
4. Use your imagination.

Some thoughts on the blind walk:

1. Most people enjoy this exercise although about one in twenty-five find if very frightening. Therefore urge everyone to at least try but don't force them to continue if they are very uncomfortable.
2. This is a good team building exercise but should be used only after a group has been together two to four hours.
3. The exercise is most successful if done outdoors where participants can touch, feel, smell and even taste.

Role Playing

Role playing is an art with many variations and many uses.

Uses:

1. Teach communication skills.
2. Solving interpersonal problems.
3. Giving insight into ones own communication patterns.

Variations:

1. Two people each paly hypothetical roles from a given situation -- followed by discussion from group.
2. Two people play themselves in a hypothetical situation -- followed by discussion from the group.
3. Two people play each other (reverse roles) from a real life situation.
4. Two people play roles and two other people stand behind them and play alter egos (they state what a person is really thinking when he says something); e.g., "My you look nice." alter ego, "This is the first time I've seen you with clean clothes."

INTRODUCTION TO HEALTH SKILLS CLASSES

Focus of Health Skills Classes

It is in Health Skills classes that Community Health Workers are prepared in content and skills unique to their own role in health occupations. On the other hand, Human Services Core classes are shared with a variety of other roles in the helping occupations. The emphasis in these core classes is on background and overview skills necessary to appropriate use of the self as a helping person. While these skills strongly influence an individual's general personal effectiveness within a health occupation, other classes are necessary to focus and combine them with standardly accepted health facts. The desirable outcome of this combination is an effective safe practitioner of duties within the scope of the Community Health Worker role. Effectiveness thus depends largely on using good judgment in combine factual health knowledge and clinical skills with communication and trust promoting approaches.

The health functions performed by Community Health Workers range from very basic observation, reporting skills and general health teaching to rather specialized tasks in specific job areas such as family planning or work with alcoholics. The first step in structuring a health skills component within the Community Health Worker curriculum is to list basic necessary knowledge and skills and decide which portions can be taught in large group or interagency settings and which are so specific they should be covered in agency inservice programs or in special workshops and classes.

Because of varieties in funding sources and agency functions, Community Health Workers may be in very generalist health jobs, or they may function under a variety of specialized job titles focused on such areas as child health, agency resource referrals, health screening, outpatient clinic assisting or health information interpreting. The umbrella job title of Community Health Worker seems to require a dual focused health curriculum with the following components:

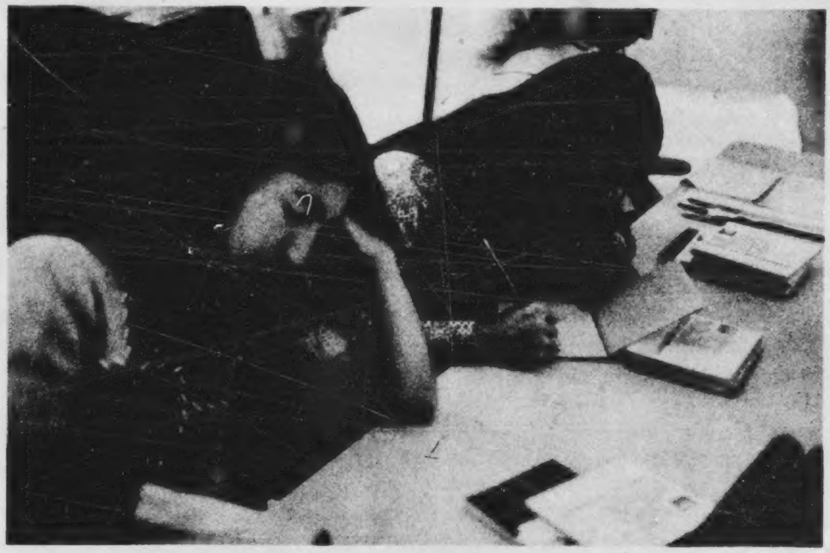
1. Generalist skills. These include use of basic health facts such as standard medical terms, functions of body systems, first aid measures, health maintenance approaches, categories and causes of common illnesses, standard diagnostic and treatment procedures and issues of health rights and values. Effective use of health related processes also fall under generalist skills and include observation and health assessment, the referral process, health teaching, reporting and recording, health team functions and basic work management.

   The next group of skills are also generalist functions if the term means any skill necessary to entry level functioning in the various areas of outpatient and home care. These skills include referring for specific immunization needs, detecting obvious developmental problems, explaining various family planning methods, doing diet studies, explaining common acute and chronic illnesses and serving as a patient liaison in clinic diagnostic and treatment procedures.

In some areas the generalist definition also includes preparation to function in two or more categories of health care sites, such as in outreach work, clinic assisting and hospital or school based referral work. If this is true, the basic curriculum must thus include skills related to these situations, regardless of the focus of individual Community Health Worker job descriptions.

2. Specialty skills. Effective use of these skills is possible only wich basic introductory or generalist skills. Examples include care of the handicapped child, drug abuse counseling, abortion referrals, developmental testing, crisis intervention with referrals for underlying problems, peer supervision, rehabilitation counseling and planning community education programs.

Advantages of a dual focused health skills curriculum include improved ability to give underlying reasons for health actions, high degree of role consciousness and assurance that specific agency experience relates to a larger whole, thus increasing chances of job advancement or of future employment in other agencies, for example in case of a geographic move.



Community Health Worker Students

Once the Community Health Worker title is seen as an umbrella term, recruitment of students can focus on anyone doing entry level community health tasks. Potential students are thus found in explicitly health oriented agencies such health departments, clinics and nutrition programs, as well as non-health agencies whose functions include a health related component. These include public schools, day care centers, homemaking services, senior citizen programs and volunteer bureaus.

The trend in preparation of Community Health Workers has been to focus on structured programs for people already employed. This is an effective approach in that some amount of screening, job counseling and orientation has already been done, and students see class content as immediately relevant to current work situations. Many agencies give release time for Community Health Workers to have ongoing or concentrated classes. Volunteers can also benefit from training concurrent with their agency work, and agencies often find excellent employment potential within an involved, well prepared group of volunteers. The third category of students is composed of young or mature adults seeking a health occupation and wishing pre-job preparation. One consideration of focusing a program toward these students is that they will require career counseling and some help with job placement, at least to the degree that they are made specifically aware of current local and area trends in hiring Community Health Workers. Once a system for national health care has been implemented in this country many students will probably enter training programs before employment, although the concurrent work and study will still be needed.

Other decisions involving the student population include the following issues:

1. Is a screening procedure necessary as a part of entering the program?

2. Do students need a high school diploma or G.E.D. certification? (These are not necessary to enter California community colleges, and most adults can readily accelerate in completing high school certification while concurrently receiving credit for college courses.)

3. What basic reading and writing skills are necessary before or during the program?

4. Are there individual transportation needs such as to attend classes in other agencies or on campus?

5. During what hours are local Community Health Workers most readily available for class?

6. Are there release time policies in local health agencies?

7. What are the available resources for student financial aid through the local college or from private sources?

8. How will students combine group classes with agency inservice programs to specifically build health skills?

The last question raises other issues on finding ways to achieve optimal cooperation between the various agencies sending students to the program and the sponsoring community college.

Health Agency and College Base

In some areas there are already organized interagency groups focused on community health work. If no such group is organized, it is necessary to initiate interagency communication on potentials and details related to developing structured training of Community Health Workers. One requirement of instituting such a program in a California community college is that an advisory board be formed of community representatives from the related occupational group. Preliminary meetings can be held and considerable discussion can take place preparatory to formal submission of Advisory Board names to the local college's board of governors.

Decisions made by this combined agency-college group will focus on content of the curriculum and ways to appropriately institutionalize the program. If the regular occupational program guidelines are met for credited classes within the California community college system, other related procedures must be followed for enrollment and registration of students. Other options include basing the program with the community services department of a college or with the extension department of a local college or university. While these options seem to offer more immediate flexibility and accessibility, the units received by the students are not usually applicable to graduation from a community college.

If a regularly credited program is decided upon, planners can mutually decide on an appropriate administrative base within the community college, such as with the dean of occupational education, continuing education, or instruction, a division or department chairman of a combination of efforts. These educational administrators can give appropriate guidance on use of course numbers from an already existing department or introduction of new courses, as well as furnish guidelines on the effective utilization of college procedures and resources.

Instructors and Coordination Time

One of the important tasks of the organizing group is to decide whether to introduce an intact program and ask for a supporting budget from the college, or to begin with pilot classes using an existing program framework in the college, such as in a health related major. Instruction time must be designated as new fulltime positions, new hourly or parttime instruction, or release time for existing faculty to do the instruction.

The best potential instructors are often found among health agency supervisors, preferably those with some previous vocational teaching experience in either an inservice or formal education setting. It is also essential that potential instructors have had some on the job experience functioning with Community Health Workers, can teach practical skills appropriate to the Community Health Worker role and have a teaching style that is built on student involvement and participation. The person serving as the planning group's college liaison can furnish information on assisting prospective teachers to follow steps necessary for securing a California Community College Credential as an instructor in health and related sciences and/or in nursing.

Coordination time may be built into the program from the beginning. If not, plans should include exploring options to secure coordination time from the college through release time or newly designated funds. Faculty time is paid according to in-class hours only unless specfic arrangement is made for coordination time.

Organization of Health Skills Content

The most workable model for organizing health skills content for Community Health Workers is to define basic concepts and list related health content under each one. These concept units can then either be grouped into courses meeting several hours a week or can be left in separate intact modules, each receiving separate credit. As the program evolves and is fully institutionalized, it can more easily adapt to changing program trends within the college and community if it is built around manageable quantities equivalent to one semester unit or less (18 hours or instruction time). While the current pattern is for ongoing classes lasting a quarter or semester and meeting two to four hours a week, new trends include concentrated Saturday classes, workshop credit and content modules with flexible options on combinations and sequence of various units of learning material. The modular system of course development greatly facilitates the development of individualized instruction and challenge procedures for advanced standing.

Sample health skill's courses included in this manual have been grouped in one workable model composed of five semester based courses. Smaller content units are outlined in all the courses and can be used in different combinations or as completely separate instructional and learning units.

Recommended Teaching Approaches For Community Health Worker Programs

Teaching approaches which have proven effective in Community Health Worker programs have been various combinations of factual content presentation with process oriented techniques emphasizing student participation. The following are some specific approaches focused on unique aspects of Community Health Workers and their role.

Skills emphasis

1. This is a vocational or occupational education program which focuses on specific skills rather than isolated facts or general principles. Reasons are given to support skills functioning and build in sound, flexible judgment, but emphasis is on practical implications of health facts.

2. Classroom learning should consistently include ways to transfer new knowledge and skills to actual work situations.

3. Use situational roleplaying, with realistic situations and quotes from actual health encounters as much as possible. The focus can be the Community Health Worker viewpoint and involvement, agency priorities or the patient's stated needs.

4. Motivate learning by assigning out of class projects closely related to current classes. Students do readings and observations or interview clients, friends, and fellow employees, then bring back to class to share with others and discuss its meaning.

5. Give in class experience in utilizing recently learned content, such as in practice teaching assignments using a one-to-one or group focus. Use a written evaluation sheet so students can evaluate themselves and one another or accurate content and effective teaching process.

Content presentation

1. Distribute printed notes of essential content rather than relying too strongly on instructor lecturing and student note taking. Handouts or study guides serve as a point of departure, and having focused printed material in the student's hands is a point of departure for learning, not a point of completion. Comprehension of basic content should be repeatedly checked and in different ways such as class discussion, role playing, assignments, reports and tests.

2. Define essential content that will be "guaranteed" in each course and present it in flexible ways that adapt to individual student needs. Use multi-instructional methods that give both structured and individually initiated learning options and which appeal to as many human senses as possible, not just hearing. Find out where students are in relation to comprehension of essential content so they are not bored by repetition or left to flounder in lack of direction.

3. Reading assignments should be focused and definitely related to class work. Provide optional readings and assignments for accelerated or highly motivated students, as well as supplemental basic

material and practical examples to aid all class members in learning.

4. Use what students bring to the class in the way of previously gained knowledge, life experience and special insights. Build in time to capitalize on these valuable assets in topic introduction, problem solving, listing related content or discussing practical implications of content.

5. One objective for every class is to increase every student's skill in reading comprehension, writing, verbal communication and test taking skills. Build in a variety of experiences related to these skills, stating reasons for doing so and relating effectiveness in these skills to job and educational success.

Use of planning time

1. Planning time to in-class time for regular instructors or guest speakers is a minimum of two hours of planning for every hour of class time. This ratio increases if the material is new or the skills required of students are subtle or complex.

2. Student learning objectives and teaching objectives are two different things. They are related but cannot substitute for one another and should not be confused with each other. This means that planning time must be alloted for 1) student learning objectives (essential content and expected student outcome), as well as 2) teaching objectives (specific teaching approaches, in-class learning experiences and assignments).

3. The regular instructor should do face to face planning with every guest speaker so that content is relevant, focused and skill oriented, and so that student participation is built in appropriately Objectives for each class session should be clearly delineated so that priorities can be stressed. Leave time for the regular instructor to tie material to previous classes and to relate new content to student assignments, case studies and personal experiences.

4. Plan assignments carefully and relate to specific learning objectives. Busy work is meaningless, but focused assignments provide learning interest and motivation as well as feedback for the instructor.

Student learning feedback

1. Evaluation should be frequent, ongoing and based on openly shared objectives if student progress is to be effectively measured. Otherwise there are too many surprises for both student and teacher.

2. Size of the class helps determine feedback approaches. Discussion gives good feedback in small groups, but with larger classes, focused exercises and assignments are more useful, especially for feedback from silent students. Dividing into small groups for in-class exercises and out of class work also helps.

3. Return demonstrations of learned skills can give feedback, especially if evaluation criteria are specifically listed. Skills tests should be developed to be used along with theory tests.

4. Study questions aid students in preparation for tests. They focus study, thus promoting higher retention of content plus giving experience in comprehension and completion of test questions.

5. Vary testing methods, including written tests, take home tests, mini-quizzes and oral exams. Situational role play and student teaching projects also furnish feedback on skills difficult to assess on written tests.

Promotion of role consciousness

1. Role definition should be emphasized in every class, including focus on the Community Health Worker as a helping person as well as on unique aspects of the role. Community Health Worker functions such as patient liaison work and health teaching can be combined with any class content being covered.

2. Personal warmth and caring should not be overlooked as essential skills for Community Health Workers to use. Evaluation should build in demonstrated use of these skills, such as in putting the patient at ease and checking for questions and concerns as well as accurately performing a procedure.

3. Self awareness is essential to effective functioning, and students need encouragement to explore their own attitudes and feelings in order to help other people with value laden issues. Such exploration requires the development of trust within the class as well as providing stimulating discussion situations. Such situations also give practice in the use of related background skills in listening, communicating ideas, assessing feelings and drawing tentative conclusions.

4. Judgment is important in the Community Health Worker role and should be emphasized in as many ways as possible. This includes teaching:

   1) Concrete facts such as danger signs to report and when to worry. Things to observe for and always report, even if in doubt. The student needs basic health norms and what abnormal means in common health problems.

2) Community Health Workers do not diagnose and should be comfortable saying "I don't know".

3) Role of other teams members.

4) Areas of fairly independent functioning, including hygiene, preventive health, and health teaching facts commonly accepted as standard practice in professional healthcare. Caution students that these facts may become dated, and local practice details may vary in agencies and with individual physicians or other licensed health practitioners.

Concurrent Practical Experience

Some form of concurrent experience in health work is necessary to assure a fully meaningful curriculum for Community Health Workers. Programs enrolling mainly part time students who are employed or doing structured volunteer work in health agencies can effectively utilize the community college system for credited occupational or general work experience. This system is built on focused objectives negotiated by the student, the agency supervisor and a teacher-coordinator from the college. Objectives are required to relate to areas of concurrent study, so there are excellent opportunities to encourage transfer of learned content into practical skills.

The other principal option is a structured field placement or clinical experience built into the curriculum as a requirement. While much more difficult to arrange than a work experience program, the more structured program can provide a wider variety of experiences so that a student with no current employment or working in a specific field such as family planning can demonstrate skills in adult health, child health, maternal care, clinic and outreach work.

Until a program can structure such a system for in-depth clinical and community experiences, other supplemental transfer experiences available include field trips, on-site teaching in various agencies and guest speakers who relate reality situations from their own specialty areas.

Articulation of Community Health Worker Skills Classes

Other components of the Community Health Worker curriculum are rather easily articulated both horizontally and vertically with other programs. Articulation agreements are on record for Human Services courses and general education requirements as well as most available elective courses. Within particular colleges, other academic and occupational programs have been open to shared classes, cooperative planning and even special scheduling to meet the needs of Community Health Workers.

Articulating health skills classes with other existing health programs is a larger challenge but is well worth pursuing because of its implications for shared educational preparation for allied health occupations and because of the great potential for promoting more effective health team functioning. Also career mobility of Community Health Workers is by definition focused on health related roles. Discussion is underway to secure transfer credit for all content which overlaps health content in other programs such as health education and nursing. As the role of the Community Health Worker becomes more standardized and more widely accepted, possibly through some standard certification procedure, articulation agreements can be more adequately pursued. Meanwhile, effective educational preparation of the Community Health Worker offers the most broadly based means of developing the role and supplementing the work of agencies in providing safe effective practioners of community health skills.

HEALTH SKILLS BIBLIOGRAPHY

Armengol, Joseph; Amelar, Joseph; and Amelar, Richard D., *English-Spanish Guide for Medical Personal*. New York: Medical Examination Publishing Company, Inc., 1966.

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Mager, Robert F., *Preparing Instructional Objectives*. Belmont, California: Fearon Publishers, 1962.

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See Course Outlines for additional references.

SKILLS CLASSES

I. **Course Title:** Health Education (for Community Health Workers) -- Semester Units: Two

A. **Catalog Description:** Provides the student with an overview of health and major health problems in our society. Emphasizes personal health facts, rights and options. Prepares student to deal with this material in depth in other health skills classes.

B. **Text and Recommended Readings:**

1. Walters, Esperanza and Washington, Jackie, *Health Concepts for Individual and Community Health*. Saratoga, California: West Valley Community College, 1973.
2. Tierney, John T., *Sickness and Poverty, a Handbook for Community Workers*. Department of Health, Education and Welfare, 1970.
3. Peterson and Schifferes, *Essentials of Healthier Living*. New York: John Wiley and Sons, 1972.

C. **Course Objectives:** Given classes and printed material the student should be able to

1. Define health according to the World Health Organization's definition and list causes of illnesses
2. State and give reason for the rights and responsibility of the Community Health Worker and the patient regarding making decisions about the patient's health
3. Give reasons for and explain the importance of confidentiality and professional ethics

4. State the factors that influence an individual's mental health and ways good mental health can be maintained
5. List immunizations and skin tests, explain the recommended schedule of their administration (according to American Academy of Pediatrics), give the reasons for their need, and for keeping them up to date
6. State how often an adult should have a complete physical examination and name at least four important screening tests that should be included with the examination
7. Name the four basic food groups, the nutrients in each, and give reasons for the importance of a proper diet
8. Name the different methods of birth control, state how each works, and briefly give the advantages and disadvantages of each method
9. Explain what gonorrhea and syphilis are, how each disease is transferred, the difference between them, the importance for early detection and method of treatment
10. Explain what cancer is, name the seven warning signals, explain two preventative measures against cancer, state how it can be treated and give reason for the importance of early detection
11. Explain the basic recommended treatment and care for a cold, fever, and diarrhea and recognize the signs and symptoms of complications in each of the three areas
12. Identify the basic structures and functions of the respiratory, circulatory and gastro-intestinal tract and list signs and symptoms of an individual having a problem in any of the three systems
13. Explain the basic concepts of alcohol and drug abuse, how they affect individuals and the community resources available to individuals with either an alcohol or drug problem

D. Course Content:

1. Basic concepts of health and illness
    a. Definition of health
    b. Causes of illnesses
    c. Role of Community Health Worker in community health
    d. Responsibility of an individual regarding his own health
    e. Responsibility of Community Health Worker regarding the health of an individual and the community
2. Ethics and legal aspects
    a. Rights of an individual regarding his health
    b. Confidentiality of health records
3. Health records and communication
    a. Purpose of charting
    b. Charting procedures
    c. Legal aspects of medical records
    d. Communication methods related to health information
4. Diet, rest and exercise
    a. Purpose of food
    b. Definition of nourishment, diet, and malnourished
        1) Basic four food groups and daily recommendations

        - 2) Characteristics of person who is well nourished and those of someone who is malnourished
    - c. Definition of exercise and rest
        - 1) How each can be achieved and maintained
        - 2) Characteristics of person who exercises and rests adequately and characteristics of someone who does not
- 5. Mental health
    - a. Definition
    - b. Basic concepts
    - c. Development and maintenance of mental health
    - d. What is stress
    - e. Learning new behavior
    - f. How each of us can help others in maintaining their mental health
    - g. Mental health resources in community
- 6. Immunizations
    - a. Purpose of immunizations
    - b. Purpose of tuberculosis skin test
    - c. Schedule -- according to American Academy of Pediatrics
- 7. Physical exams
    - a. Purpose of physical exams and complete history
    - b. Recommended frequency
    - c. Recommended laboratory work and comprehensive screening test
- 8. Facts about family planning methods
    - a. What is family planning
    - b. Methods discussed -- condom, contraceptive foams, diaphragm, I.U.D. and birth control pills
    - c. How each method works
    - d. How each is used
    - e. Effectiveness of each
    - f. Advantages and disadvantages of each
    - g. How obtained
- 9. Care of individual with uncomplicated cold, fever, or diarrhea
    - a. Definition of conditions
    - b. Causes of each
    - c. Signs and symptoms
    - d. Recommended treatment for diarrhea
        - 1) Diet -- clear liguid, bland diet, foods to avoid
        - 2) Medication
    - e. Recommended treatment for cold
        - 1) Rest
        - 2) Fluids
        - 3) Aspirin
    - f. Recommended treatment for fever
        - 1) Fluids
        - 2) Diet
        - 3) Sleep and rest
        - 4) Care of skin
        - 5) Tepid baths
        - 6) Aspirin
- 10. Cancer
    - a. Definition

    - b. Seven warning signals
    - c. Methods of diagnosis
    - d. Methods of treatment outlined
    - e. Preventive measures
  - 11. Gastro-intestinal, circulatory, and respiratory systems
    - a. Functions of systems
    - b. Common disorders, and their causes and treatment
    - c. Preventive measures
    - d. Terminology
  - 12. Venereal diseases
    - a. Definition
    - b. Communicability of syphilis and gonorrhea
    - c. Signs and symptoms of syphilis
      - Stages of syphilis
        - a) Primary
        - b) Secondary
        - c) Early latent and late latent
    - d. Signs and symptoms of gonorrhea
    - e. Complications of gonorrhea and syphilis
    - f. Methods of diagnosis
    - g. Treatment methods
      - 1) Type of treatment
      - 2) Where treatment can be obtained
  - 13. Drug use and abuse
    - a. What are drugs
    - b. Abuse of drugs
      - 1) Most commonly abused drugs
      - 2) Signs and symptoms of over use
    - c. Resources available to individual with a drug problem
  - 14. Alcohol abuse
    - a. Difference between use and abuse
    - b. How the individual and family are affected
    - c. Various treatment methods
    - d. Community resources available

E. General Requirements:
Enrollment

F. Evaluation:
1. Midterm and final exams
2. Class participation
3. Project -- class presentation on community agency providing health services to individuals and community

G. Suggested Methods and Materials:
1. Discussion
2. Lecture
3. Guest speakers
4. Films
5. Diagrams
6. Pamphlets from American Cancer Society, Heart Association, Lung Association

Health Journal

Students are asked to keep a journal relating to health in which students write a one page report on a health issue, disease, or article that the student encountered during a regular time period set by the instructor. The time period may vary from one week to four weeks depending on instructor and student needs. The purpose of this exercise is to develop an awareness amongst students of how health relates to their everyday life.

Ten Ways to Keep my Mental Health

This values clarification exercise is used to make the students aware and state ways they as individuals use to maintain good mental health. Students are asked to list their ten ways on a piece of paper. This exercise can be used in class or as a take home exercise. If done in class, a time limit of fifteen minutes can be set.

Small Groups

At some point it may be necessary to break up the class into small groups where each individual can contribute to a group feeling, decision, idea, or discussion. This technique may be quite useful in the first few classes when students may be more hesitant to participate in a discussion involving the entire class.

II. Course Title: Community Family Health -- Semester Units: Three

A. Catalog Description: Stresses basic areas of knowlege processes and skills required in community health care including liaison work, observation home care and family health follow-up and communication. Emphasis is placed on health teaching regarding current health problems, including chronic illnesses (diabetes, heart disease, emphysema) and contagious diseases (tuberculosis, hepatitis, streptococcal infections).

B. Texts:

1. Washington, Jackie and Kelkenberg, Sharon, Community Family Health. Saratoga, California: West Valley Community College, 1973.
2. Red Cross Home Nursing Text or Programmed Manual (student chooses according to reading ability)
3. Tierney, John T., Sickness and Poverty, A Manual for Community Health Workers. U.S. Department of Health, Education and Welfare, 1970.
4. Grooper, Christine C., A Nutrition Primer. University of California Agricultural Extension
5. Scheffere s & Peterson, Essentials of Healthier Living. New York: Wiley and Sons.

C. Course Objectives: Given classes and printed material the student should be able to demonstrate proficiency in the following areas:

1. Advocacy and liaison skills
   - a. Using guides in the student manual (Community Family Health), state and explain specific responsibilities of a Community Health Worker in the following situations:
     - 1) Informing patients of outpatient appointments
     - 2) Going with patients and interpreting for them at medical appointments and other conferences
     - 3) Preparing patients for outpatient diagnostic tests and hospitalization
   - b. Demonstrate in situation role playing and in referral guide assignment skill in identifying self and stating purpose or concerns when contacting agencies on behalf of patients or when making referrals
   - c. List in writing the information a person needs when referred to a community agency for service. State what help might need to be provided by a Community Health Worker to enable the person to receive full benefits of the service
2. Home follow-up skills
   - a. Demonstrate in classroom lab session ways to prevent the spread of infection by:
     - 1) Disposing of wastes safely
     - 2) Using handwashing techniques and other methods of personal cleanliness
     - 3) Giving personal services to patients
   - b. List common signs and symptoms which indicate the onset of illness or change from normal, such as diarrhea, fever, or pain. Indicate ways to report and record such observations.

    c. Given prior classroom practice, demonstrate the use of proper body mechanics in giving care and in moving and positioning patients.
    d. Utilize written care guides regarding chronic and contagious diseases to plan home visits for selected problem situations, stating related family health worker responsibilities in helping families cope with treatment and rehabilitation
3. Observation and communication skills
    a. Show awareness of basic human needs by participation in situation role play and class discussion of selected family and work situations
    b. Demonstrate initial abilities in making and reporting observations by completing assigned recording about individual, environmental, and interaction situations
    c. Demonstrate ability to observe and record data pertinent to a family health assessment form
    d. Show recognition of factors which block or assist communication by analyzing process recordings of conversations with clients.
    e. Demonstrate use of communication skills in
        1) Giving health information
        2) Encouraging client exploration of alternative soluations to health problems
        3) Providing emotional support in situational role play
4. Judgment and planning skills
    a. List in writing how community and families influence the health and beliefs of individuals
    b. Show recognition that providing services involves decision-making on the part of the family and planning with other team members by describing in writing:
        1) The nature of a health problem which the Community Health Worker has encountered
        2) Alternatives discussed with the patient/family
        3) How Community Health Workers communicate with health professionals/supervisor
        4) What plans were made for service
        5) How agreement was clarified with patient/family
5. Health guidance and teaching skills
    a. List in writing continuing health needs of families and practices and habits of daily living that are conductive to a state of health
    b. Given resource information and instructor guidance, state basic facts regarding common cummunity health problems including tuberculosis, heart disease, diabetes, and other health problems covered in class
    c. Show ability to obtain and record a three day diet intake and compare it to the Basic Four Food Groups
    d. Demonstrate teaching skills by instructing class members on a selected health guidance topic. This must demonstrate:
        1) Clear goals
        2) How to involve and bring out concerns of listeners
        3) Giving the important facts about topic
        4) Ways to check if teaching has been understood and accepted

D. Course Content:

1. Introduction to community health and Community Health Worker role
   - a. Ways in which community influences the health of people (discussion)
     - 1) Housing
     - 2) Sanitation
     - 3) Friends, social atmosphere
     - 4) Environment -- air, water, pollution
     - 5) Climate
     - 6) Health care facilities (in depth)
     - 7) Moral -- ethical norms
     - 8) Economics
     - 9) Education levels
   - b. Discussion
     - 1) Advocacy and liaison roles
       - Barriers to service
     - 2) Direct care
     - 3) Education
   - c. Types of community agencies
     - 1) Voluntary and private
     - 2) Public
   - d. Meaning of health to different people
     - 1) Priorities
     - 2) Family influences (examples)
   - e. Role of Community Health Worker in family decision-making process
     - 1) Offering service vs. "telling what to do"
     - 2) Motivation
     - 3) Developing trust

        4) Exploring alternatives
2. Advocacy and liaison work
    a. Health agency procedures and problems in utilization
        1) Ways Community Health Worker assists clients in using services
        2) Review of "Referral Guide" problems
    b. Specific responsibilities of Community Health Worker
        1) Outpatient appointments as assisting with registration, preparation, transportation, interpretation and liaison activities
        2) Diagnostic tests
            a) Preparation of patients, papers, et cetera and follow-up
            b) Information regarding different types of exams and general instructions for each
                -- Urine exams
                -- Blood exams
                -- Stool exams
                -- X-ray
                -- Sputum
3. Contagious Disease
    a. Information about several contagious diseases that are of current community concern is provided (such as tuberculosis, head lice, strept infections, hepatitis). See "Guide to Study of Communicable Disease for Community Health Workers" for types of information expected to look up
    b. Source of infection (body discharges that carry germs) in different illnesses *
    c. Measures to prevent the spread of infection *
        1) Hand washing
        2) Disposal of wastes
        3) Handling and collection of specimens
        4) General hygiene and resistance
    d. Role of public health departments in control of disease
    e. Importance of early detection in preventing spread, complications and handicaps *
        1) Signs and symptoms of illness
        2) Observation skills
            a) Throat inspection
            b) Temperature taking
            c) Descriptive observations
4. Nutrition
    a. Functions of food
        1) Social and cultural
            a) Feelings and values related to food
            b) Cultural and ethnic eating habits
            c) Personal preferences
        2) Physical

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* Sections based upon Red Cross Home Nursing Instruction Manual

a) Tissue building and repair
b) Regulation of body function
c) Source of energy

b. Nutritional knowledge and skills needed by Community Health Workers
1) List and define vitamin, minerals, carbohydrates, fats, protein and list food sources
2) Explain use of "Basic 4 Foods" list to simplify diet planning
3) Use of Basic 4 in evaluation of normal diet and planning of modified diets such as liquid and soft
4) Discussion of other special diets and how "exchange lists" are used in planning diets in similar manner to Basic 4 Guide
5) Use of diet intake record and diet history by Community Health Worker with patients
6) Working with nurse and nutritionist or dietician in making recommendations for improved diet

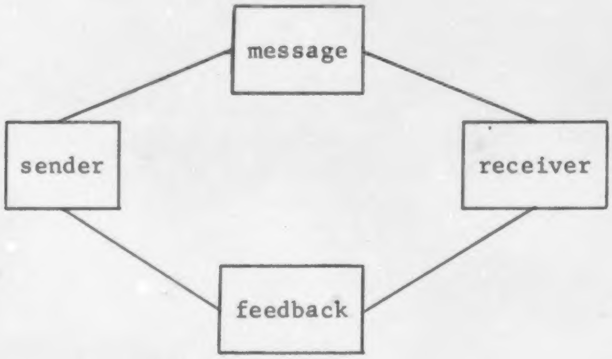
5. Observation skills
   a. Signs and symptoms of health and illness
      1) How to describe symptoms such as pain (intensity, location, time of occurrence, etc.)
      2) How to describe observable signs such as body discharges (color, consistency, amount)
      3) Value of early detection -- examples

   b. Process of observation
      1) Use of senses
      2) Avoidance ov value judgments
      3) Reporting and recording what see and hear, rather than opinions

   c. Types of health observation (see "Guide for Family Summary" at end of course outline)

   d. Environmental factors

6. Communication in health teaching and assessment
   a. Review of communication process (see communication course for details)
      1) Ways in which people use communication skills in job and home
      2) Communication model:



        3) Verbal and non-verbal message
        4) Basic human needs and how they influence communication
            a) Physical
            b) Emotional
            c) Student experience and viewpoints brought out and needs are related to specific examples in health quidance
                (1) Security
                (2) Belonging and love
                (3) Esteem, self-respect
                (4) Self-actualization (development, variety)
            d) Frustration of needs may lead to anxiety, expressed in hostility, aggression, depression
        5) Development of trust
            a) Need for trust in working with patients and co-workers
            b) Means to achieve trust
        6) Blocks to communication, examples:
            a) Changing the subject
            b) Jumping to conclusions
            c) Giving advise, et cetera
        7) Aids to communication
            a) Open-end questions
            b) Active listening
            c) Asking for feedback after giving information
    b. Using the communication process in health teaching and assessment
        1) Purposes
            a) Health information giving
            b) Support
            c) Exploring alternatives
        2) Practice situations
            a) See communication assignment
            b) Health guidance assignment

7. Planning for health services, in order to provide services to families, it is necessary for the Community Health Worker to work with other health professionals. Judgment skills are encouraged by discussing
    a. Confidentiality
    b. Appropriate sharing of information and observation among team members
    c. Planning and evaluation of services
    d. Role of Community Health Worker in reporting information
    e. Relationships to clients when several workers involved
    f. Areas of expertise of various health professionals
8. Chronic illness
    a. Definition
    b. Goals of care are stressed
        1) Control (not always cure)
        2) Prevention of complications
        3) Optimal individual functioning
        4) Family adjustment

        5) Community acceptance, education and protection
    c. Specific care needs explored with emphasis on Community Health Worker role in
        1) Observation and reporting
        2) Liaison work for lab tests, preparation for hospitalizations and discharge planning
        3) Medication
        4) Diet
        5) Activity
        6) Emotional factors
        7) Prevention of complication
    d. Family needs for
        1) Emotional support
        2) Planning to carry out care
    e. Community resources for education, family assistance and financial benefits
    f. Diabetes is used as an example of chronic illness and explored in further detail because it is encountered frequently by the Community Health Worker
        Stress is upon:
            a) Observing for complications
            b) Assisting with diet adjustment
            c) Basic knowledge of diabetes and its treatment

9. Home care skills
    a. Care of patient confined to bed
        1) Positioning and body mechanics
        2) Bathing
        3) Bed making
        4) Personal services
        5) Range of motion exercises
    b. Assisting ambulatory patients
        1) Posture and body mechanics of helper
        2) Assisting to a chair, in and out of bed, wheel chairs
        3) Use of cane and crutches
    c. Needs of the elderly
        1) Physical changes
        2) Family-role adjustments
        3) Need for recognition, self esteem
    d. Rehabilitation and self-help devices
        1) Stroke patients have been discussed as an example which brings out emotional and family adjustments
        2) Post-hospitalization care
10. Environmental health and hazards
    a. Common vectors and their control
    b. Sanitation hazards and public health measures
    c. Safety hazards in home and neighborhood
    d. Legal rights and resources on safe housing, water, garbage disposal
11. Teaching skills
    a. Each student is required to complete two projects in teaching. The first involves one-to-one guidance and the second is a presentation to the class.

b. Basic principle of teaching and learning are brought out in .the preparation and presentations. These include:
   1) Need for specific goals in teaching
   2) Need to involve and motivate the learned
   3) Preparation and organization of material, using appropriate resources and methods
   4) Use of visual aides to assist in getting information across to learner
   5) Need to elicit feedback from learned to see if teaching is effective (Group Teaching Project and Health Guidance are attached)

E. General Requirements: enrollment in class

F. Evaluation Techniques:
   1. Classroom discussion
   2. Return demonstration
   3. Written assignments
   4. Role-plays
   5. Return demonstrations
   6. Study questions (contagious disease)
   7. Take-home examination
   8. Teaching project

G. Suggested Methods and Materials:
Class discussion and assigned projects to relate class information to specific on the job situations of students
   a. Examples of assignments (one given each week: see samples at end of class outline)
   b. 1) Three day diet study
      2) Referral Guide -- use on specific situation
      3) Observation and communication assignment
      4) Teaching project
      5) Family health summary
   b. Classroom activities
      1) Role-play of guidance situations
      2) Communication "games"
      3) Problem solving oriented discussions of work situations
      4) Slide presentations regarding environmental problems to increase awareness
   c. Methods of presenting information
      1) Food models
      2) Study guides and handouts
      3) Films -- "The Elusive Enemy" for tuberculosis
      4) Speakers are invited to present specific content and also represent different kinds of health professionals
         a) Public health nurse
         b) Sanitarian
         c) Nutritionist
         d) Community Health Worker and supervisor to lead discussion regarding judgment and planning of care

Health Guidance Assignment

Situations:

1. Patient has been advised by doctor to take a year of Isoniazed because her tuberculin skin test has converted to a positive reaction (no evidence of active disease on chest X-ray). Patient expressed to Community Health Worker in the home that she is afraid of taking medicines and dislikes the idea especially when she does not feel ill.

   Role play how Community Health Worker may help patient reach a decision about taking the medication.

2. Role play an overweight lady who would like help with her diet and a Community Health Worker taking a 24 hour food intake recall. The Community Health Worker is to ask patient about what foods he or she had for breakfast, lunch, dinner, and between meal snacks. Community Health Worker is to record the foods taken in and to help patient recall how foods were prepared and how much was eaten.

3. Community Health Worker and a mother who is trying to decide whether to put a three year old child in nursery school.

4. Mother talking to Community Health Worker about how to tell her daughter about menstruation.

5. Adult who has older parent living with her family expresses to Community Health Worker the difficulties and tensions about this situation.

6. Conference between school nurse, parent, and Community Health Worker on chronic head lice problem in several children in the family.

Instructions:

1. Do a five minute role play on one of the chosen topics.

2. Two or three students may work together.

3. The student playing the part of the Community Health Worker is to try to encourage good communication between self and patient.

4. The class will discuss the role play in regard to:
   a) how the concerns of the client were brought out
   b) how Community Health Worker gave support
   c) how Community Health Worker gave important facts and information on the topic, or
   d) how Community Health Worker explained services that could be provided
   e) how Community Health Worker and patient made some kind of plans or agreement.

Communication Assignment

PURPOSE: To become aware of ways you can encourage better communication in health encounters and ways that communication is sometimes blocked.

PROCEDURE:

1) Record about 5 - 10 minutes of a conversation you had with a patient. Do this as soon afterward as possible.

2) Write on left side of sheet what you said or did and what other person said and did.

3) Write on the right side of the paper what you were thinking or feeling.

4) Then read the conversation again:
    a) circle any things that you said or did that helped improve communication and write "helped" beside it,
    b) circle things said that may have blocked communication and write why or what could have been done.

5) Write a few sentences about the conversation and whether or not you felt you and the client understood each other clearly.

Sample Recording

What happened (spoken, observed, done)	What you thought and results
(Mrs. M. was seated on the sofa, with her head down. She spoke softly.)	I wondered what was bothering her.
Mrs. M.: There doesn't seem much point for me to keep that appointment.	
Me: "Not much point?"	Helped
Mrs. M.: Well, even if they find out what is wrong there is not much they can do.	
(She looked at me sort of questioning.)	I did not understand what she was really asking me.
Me: Not much they can do about what?	Helped
Mrs. M.: I guess it's stupid to worry.	

What happened (spoken, observed, done)	What you though and results
(Laughed with her voice but her face didn't look happy.)	She seems to be apologizing for being worried.
Me: You seem worried, and I think it's natural for anyone to worry about themselves. The important thing is to know exactly what is going on so you won't worry needlessly.	Helped
Mrs. M.: But cancer runs in my family.	Oh -- so that's what she's worried about.
Me: That doesn't necessarily mean you will get cancer. Even if you were to get it, something can be done about it. Would you like me to go with you to the appointment?	Maybe blocked. Could have let her talk a little more about her fears before giving reassurance.

Three Day Diet Study

Reason

These are some possible reasons for you or the physician to decide a diet study should be done:

1) Patient anemic, or appears to be
2) Infant or child with poor weight gain
3) Overweight
4) Diabetic patient
5) Person with heart trouble
6) Person with stomach trouble
7) Parent worried about child's eating habits

More information

From any records you have available, or from talking with the doctor, nurse or patient:

1) Make notes on patterns of weight gain or loss
2) Compare with figures or graphs for "normals" according to age, et cetera
3) Discuss own observations of nutrition or weight situation
4) Check special reports such as blood tests

Explain to patient

1) No changes in his diet can be recommended unless we know what he or she is already eating.
2) A three day record gives an "average" of his cooking and eating habits.
3) We want to find the strong points or the things the person is doing "right" in his or her eating.

Assign three day list

1) Tell patient to write down everything he eats or drinks for three days, regardless of the amount, or of the time of day or night.
2) Make definite plans on when you will get the list from patient.

Example: Monday:
1 egg
2 tortillas
1 cup coffee with cream
1 hamburger
1 large coke
2 pieces chicken

Total the food groups

1) Decide where each food item is in the Basic 4 list and whether it was a full portion.
2) Make a total for each day of the four groups: Milk, Meat, Vegetable-fruit, Bread.

Evaluate diet

1) Strengths -- what is person doing that you want him to keep on doing. Such as eating enough meat or not overeating.
2) Weaknessess -- such as not enough vegetables, not enough iron rich foods.

3) Recommendations -- such as cut down on bread, increase milk.

Report to patient

1) Give results of study.
2) Make exact plans together on how to change diet.
3) Give sample menu plans when possible.
4) Plan for follow-up -- regular weight checks, repeat blood count, doctor's exam, et cetera.

Report to others

1) Talk to other health team mebers such as the physician making the referral.
2) Make written report.

Adult Diet Study

	Breakfast	Snacks	Lunch	Snacks	Dinner	Snacks
Day 1						
Day 2						
Day 3						

TOTALS FOR:

	Meat	Milk	Veg-Fruit	Bread	Free	Empty Calories
Day 1						
Day 2						
Day 3						
3-Day total	____	____	____	____	____	____
Recommended Adult Servings	2 a day	2 a day	4 a day	4 a day		

STRENGTHS OF DIET:

WEAKNESSES OF DIET:

SUGGESTED CHANGES:

Guide to Study of Communicable Disease for Community Health Workers

(Community Family Health)

Disease: ________________________________

1. Name the organism that causes the disease (bacteria, virus, et cetera).
2. Explain how the disease is spread and how it enters the body.
   Are there conditions that make one more likely to catch the disease?
3. Explain how long and under what conditions it is contagious.
4. Describe the symptoms.
5. Name common diagnostic tests for it.
   Explain how to collect specimens when needed.
6. Name the drugs or methods used to treat the disease and side effects of these, if any.
7. How can one prevent spreading the disease to others?
8. Are there other ways to prevent the disease?
9. What agencies are involved in preventing disease?
   Threat to public health: contact health department.
10. Explain the treatments or referrals that may be needed.
11. What emotional reactions or problems may the illness pose for the patient or family?
12. What could the Community Health Worker do to help a family cope with these problems?

Observation Assignment

PURPOSE: To practice recording your observations in terms that accurately describe what you have seen.

PROCEDURE:

1) Choose a home visit to a patient that you will be making this week and make observations in the areas listed below as well as others you notice.

2) Write a description of exactly what you have seen as soon as possible after the visit.

3) Write descriptions, not opinions or value judgments.

Types of things to observe:

Be especially alert for cues about health, safety, and sanitation problems.

1) Surroundings of home:
   Sample recording: Home on street with little automobile traffic, single dwelling wood frame homes, children playing on sidewalk.

2) Inside and outside of house or apartment (note presence of vectors):
   Sample recording: Yard overgrown with weeds, two loose planks on porch stairway.

   A few pieces of furniture in home, but many children's toys (describe)...high chair and playpen in dining area. Bowl of fruit on kitchen table. Table and sink clear.

3) People in home: appearance, behavior
   Baby
   Child
   Father
   Mother: slim and pale young woman, dressed in faded jeans and clean shirt. Invited Community Health Worker to kitchen and talked rapidly while feeding the baby.

4) State concerns that family express (often use their words):
   Sample recording: Mother says child has a "cold".

5) Describe signs and symptoms of illness or other health conditions you are caring for:
   Sample recording: Child has clear drainage from nose, sneezing frequently, no cough heard. Mother says temp last night was 99 degrees (rectally).

Guide For Family Summary

A family health summary may be written in order to help health care providers make plans for services to families.

Conferences of health team members are held at many agencies and at these the knowledge each worker has about the family is shared to develop a better understanding of the needs.

Observations made by Community Health Workers are an important part of the information needed to assess health needs.

Conferences may include doctors, therapists, social workers, nurses and others or they may involve only the Community Health Worker and his or her supervisor (nurse, social worker, et cetera).

The following areas may be discussed and the Community Health Worker may be able to provide information about these, to obtain this information from other health team members at the conference, or from the agency records.

1. Names, address, phone, agency, I.D. number, emergency phone, map or special directions to locate home.

2. Physical Environment
    a. Description of neighborhood surrounding
    b. Type, size, and condition of exterior of home
    c. Observation regarding interior facilities, furnishing, housekeeping practices, screening, et cetera
    d. Accident hazards

3. General Hygiene
    a. Nutritional status
        1) Preparation and storage of foods
        2) "Basic 4" food intake (obtained from diet study, history or discussions)
        3) Problems or concerns (i.e., overwieght, children's eating)
    b. Rest and relaxation
    c. Preventive health care (Does family have regular medical, dental check-ups, immunizations, et cetera?)
4. Health attitudes
    Feelings regarding health care, religion
5. Family living
    a. Economic
        Source of income -- welfare?, job?, unemployment?, disability?
    b. Interpersonal relationships
        Affection, respect, ways make decisions
6. Emotional competence
    a. Maturity with which meet stresses of life like job, school, parenting

    - b. Enjoyment of living
7. Special health problems (illnesses, handicaps, concerns, diagnosis)
8. Ability to handle health problems at present
    - a. Able to carry out treatments?
    - b. Take prescribed medication?
    - c. Obtain therapeutic (e.g., medical or dental) follow-up?
9. Knowledge of health condition?
    How well does family understand diagnosis and treatment?
10. Use of community services
    - a. Does the family know of and use community resources for health education, and welfare?
    - b. Relationships with doctors, nurses, Community Health Workers, and social workers?

After discussing the family health status, the health team may identify several areas of needed service or education.

After discussion with the family, a specific plan for service may be put into action by various health team members and written in the agency records.

After a period of time, the service may be evaluated by the family and at another team conference to see if it is meeting the family's current needs.

(Adpated from "Family Coping Estimate" developed at John Hopkins School of Hygiene and Public Health, 1964)

Group Teaching Project

PURPOSE: The objective of this assignment is for the student to demonstrate skills in teaching a group about a health topic.

PROCEDURE:

1. Select a topic of interest to you in your job or personal life (see list of suggested topics).

2. Study the topic in a health book, pamphlets, student or agency manuals, or other reliable (and up to date) resources.

3. Decide exactly what you would like to teach the group about the topic in a ten minute presentation (examples -- give information, teach how to do something).

4. Write down the goals of your teaching and give them to the instructor.

5. Plan how you will present the material so that the students are involved and their interest in aroused (questions, activities, visual aides).

6. Devise ways to see if the students are learning what you wanted them to learn (your goals). Ask questions of them, have them demonstrate how to do the procedure, or even give a quiz.

7. The grading of the project will be based upon the following:

20 points	1. Goals: clearly written and given to teacher beforehand.
20 points	2. Methods of interesting and involving students.
20 points	3. Correctness of information on the topic.
20 points	4. Organization of teaching.
20 points	5. Ways check to see if students understand or are learning.

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90 - 100 points = A
80 - 89 points = B
70 - 79 points = C

8. The class will discuss your teaching in regard to:
   a) Style of teaching used: questions, demonstrations, et cetera
   b) Whether they understood what you were teaching
   c) Ways you encouraged the learners.

Suggested Teaching Topics

Community Family Health

1. How to use a thermometer and clean it in the home
2. Warning signs of cancer
3. Accident prevention in the home
    - -- for adults
    - -- for children
4. Care of the epileptic
5. Importance of the Pap smear
6. Vaginitis: problems and treatment
7. Foot care in the diabetic
8. Stroke, problems in home care
9. Home emergencies (such as care of cuts)
10. Prevention of heart disease
11. Giving medicines at home
12. Dental hygiene (for adults or children)
13. Planning "soft" diets
14. Planning bland diets
15. The diabetic diet
16. Community mental health services
17. Method(s) of family planning
18. Recognizing symptoms of venereal disease and treatment services
19. Emphysema
20. Chronic respiratory problems

III. Course Title: Community Health Clinic Skills -- Semester Units: Three

A. Catalog Description: Prepares the student to do basic health assisting in an outpatient community health clinic, including taking vital signs, preparing for physical examinations, interpreting and explaining medical instructions and patient questions, assisting with basic procedures, and the sterilization and ordering of supplies and equipment. Skills transferable to supervised home care include dressing changes, wound care, vital signs, inhalators and application of heat and cold.

Prequisites: consent of instructor

B. Required text:

1. Hospital Research and Education Trust, *Being a Nurse's Aide*. Washington, D.C., 1969.
2. Walters, Esperanza, *Community Health Clinic Skills*. Saratoga, California: West Valley Community College, 1973.

C. Course Objectives: Given classes, materials and demonstrations, the student should be able to

1. Take and record accurately blood pressures, temperatures, pulses, respirations, heights and weights and be able to state the norms for each.
2. Explain how to prepare a patient for a physical examination and assist the physician or nurse practioner.
3. State the name and purpose and be able to place a patient in each of the following positions:
   a. Sim's
   b. Fowler's
   c. Trendelenberg
   d. Lithotomy
   e. Semi-Fowler's
   f. Dorsal recumbent
   g. Prone
   h. Knee-chest
   i. Lateral
   j. Horizontal
4. Explain how to prepare the patient, demonstrate how to assist the physician or nurse practioner with each of the following procedures, and state the purpose of each:
   a. Pap smear
   b. Wet smear
   c. I.U.D. insertion
   d. Prenatal exam
   e. Post partum exam
   f. Pelvic exam
   g. Anoscopy
   h. Incision and drainage
   i. Cauterization
   j. Suturing
   k. Suture removal
   l. Other minor surgical procedures

5. Demonstrate how to prepare the patient, the proper use of equipment and the procedure for the following screening test:
    a. Audiogram
    b. Snellen test
6. Prepare a patient and simulate the following procedures according to instructions:
    a. Ear irrigation
    b. Instillation of eye drops
    c. Instillation of nose drops
7. Label correctly a diagram of the ear and define the terms
8. State how to instruct a woman on how to do a breast self-examination
9. Label a diagram of the female reproductive tract
10. Label a diagram of the gastro-intestinal tract
11. Demonstrate and/or simulate technique on how to collect the following specimens:
    a. Clean midstream urine catch
    b. Sputum specimen
    c. Stool specimen
    d. Throat culture specimen
    e. Skin culture specimen
12. State the principles of aseptic technique and use in at least two return class demonstrations
13. Recognize and name the different types of sterile and non-sterile dressings
14. Apply a sterile or non-sterile dressing properly
15. Explain the use of different types of sterilization and disinfection techniques
16. Explain the purpose, the different types of, and how to apply heat and cold applications
17. List instructions and health teaching that need to be given to patients as appropriate to each clinical procedure
18. Demonstrate in a role play the importance of communicating with patients and family in a way that shows respect for them, awareness of their concerns, and helping them feel comfortable in a clinic setting

D. Course Content:

1. Introduction to role of Community Health Worker in a community health clinic
2. Vital signs and heights and weights
    a. Blood pressure, temperature, pulse and respiration
        1) Definition
        2) Purpose
        3) Norms and abnormal readings and recording
        4) Procedure for taking each vital sign
    b. Height and weight
        Procedures for taking height and weight and recording
    c. Demonstration and return demonstration
3. Obtaining of specimens
    a. Throat culture, skin cultures, pinworm slides, sputum specimens, and stool specimens

        1) Purpose
        2) Explanation and instructions that need to be given to patient
        3) Procedure for obtaining
        4) Procedure for recording
    b. Demonstration and return demonstration on obtaining throat culture and skin culture

4. Preparation of patient for physical exam
    a. Purpose
    b. Explanation of procedure and instructions to patient
    c. Preparation of room
    d. Procedure for assisting

5. Positioning of patient in the following positions: Sims, Fowlers, Trendelenberg, Lithotomy, Semi-Fowlers, Dorsal recumbent, prone, knee-chest, Lateral, and Horizontal
    a. When position used
    b. Explanation and instructions to patient

6. Obstetrics - Gynecologic procedures
    a. Review of female anatomy
    b. Assisting with pelvic exams
        1) Purpose of pelvic exams
        2) Discussion of knowledge, feelings and ideas of patients having pelvic exam
        3) Explore ways of making patient feel more comfortable
        4) Procedure for assisting
    c. Pap smear and wet smear
        1) Purpose of each smear
        2) Role play in which student instructs patient on importance of routine Pap smear
        3) Explanation of cytology slips
    d. Assisting with intrauterine device (I.U.D.) insertion
        1) Purpose of I.U.D.
        2) Types of I.U.D.'s available and their effectiveness
        3) Discussion of feelings and ideas most encountered by patients regarding I.U.D.'s
        4) Discussion on how to find out what patient knows or what questions she has about procedure, such as:
            a) Does patient know what an I.U.D. is
            b) What expectations does patient have
            c) Will it affect patient's sex life
            d) What are the possibilities of pregnancy
        5) Physical preparation of patient, equipment and room for procedure
        6) Instructions which should be given to patient after procedure: example
            a) When to return
            b) That bleeding may be present for few days after insertion
            c) How to check for presence of I.U.D. string
    e. Urine test for protein and glucose
        1) Purpose
        2) Procedure

        - 3) Demonstration and return demonstration
    - f. Assisting with prenatal exams
        - 1) Purpose
        - 2) Frequency
        - 3) Preparation of patient
            - a) Explanation of procedures
            - b) Discussion of questions and fears patient may have
        - 4) Preparation of equipment and room
        - 5) Assisting doctor
    - g. Breast exam
        - 1) Purpose
        - 2) Frequency, when done, and technique according to American Cancer Society
        - 3) What to observe and feel for
- 7. Assisting with rectal exams
    - a. Anatomy of gastro-intestinal tract
    - b. Anoscopy and sigmoidoscopy
        - 1) Purpose
        - 2) Preparation of patient
            - a) Explanation of procedure
            - b) Discussion of questions, feelings and fears encountered by patient and ways the Community Health Worker can provide reassurance
            - c) Gowning and positioning
        - 3) Preparation of equipment and room
- 8. Sterile technique
    - a. Definition
    - b. Principles of sterile technique
    - c. Cleansing of skin
        - 1) Procedure
        - 2) Demonstration
        - 3) Return demonstration
    - d. Shaving of an area
        - 1) Procedure
        - 2) Demonstration
        - 3) Return demonstration
- 9. Assisting with minor surgical procedures
    - a. Suturing
        - 1) Purpose
        - 2) Preparation of patient (physical and mental), example: reassurance
        - 3) Preparation of equipment and room
        - 4) How to assist doctor during procedure
        - 5) Instructions that should be given to patient regarding care of wound
    - b. Incision and drainage
        - 1) Purpose
        - 2) Explanation of procedure to patient and giving reassurance
- 10. Application of sterile and non-sterile dressings and splints
    - a. Differentiation between sterile and non-sterile dressing
    - b. Names of dressings

    - c. Application of dressings
    - d. Demonstration
    - e. Return demonstration
11. Sterilization of supplies and equipment
    - a. Definition of antiseptic, disinfectant, and sterilization
    - b. Purpose
    - c. Types of sterilization methods, when used, and length of time needed for sterilization
        - 1) Solutions
        - 2) Dry heat
        - 3) Boiling
        - 4) Autoclaving
    - d. Procedure for packaging equipment and supplies
        - 1) Demonstration
        - 2) Return demonstration
12. Vision and hearing tests
    - a. Anatomy of eye and ear
    - b. Common problems
    - c. Causes of deafness and blindness
    - d. Procedure for Snellen eye test
        - 1) Demonstration
        - 2) Return demonstration
        - 3) Procedure for recording
13. Other eye, ear, and nose procedures
    - a. How to instruct patients on instillation of eye, ear, and nose drops
        - 1) Purpose
        - 2) Procedure for instillation of drops
        - 3) Instructions needed to be given to patient
    - b. Ear irrigation
        - 1) Purpose
        - 2) Procedure
        - 3) Preparation of patient (e.g., explanation of procedure, reassurance)
        - 4) Charting
14. Application of heat and cold
    - a. Purpose of heat and cold
    - b. Methods of heat and cold applications
        - 1) Vaporizer
        - 2) Heating pad
        - 3) Compresses
        - 4) Ice bags
        - 5) Sitz baths
        - 6) Heat lamps
    - c. Purpose of each method
    - d. Instructions for safe use of heating pad
    - e. Role play in which students instruct patient on use of one method

E. Course Requirements:

Enrollment in the course

F. Evaluation Procedure:

1. Two exams and a final exam (written and practical)
2. Return demonstrations
3. Class participation

G. Suggested Instructional Methods and Materials:

1. Films
   a. "Intrauterine Contraceptive Devices"
   b. "Aseptic Technique"
   c. "Five Minute Breast Self-Examination"
   d. "Practice Blood Pressure Readings"
2. Diagrams
   a. Eye
   b. Ear
   c. Gastrointestinal tract
   d. Genito-urinary tract
   e. Female reproductive system
3. Clinical supplies and equipment
4. Lecture
5. Discussion
6. Role play

Role Playing Examples

Example 1.

Mrs. Moreno is a thrity year old woman who is in for a routine complete physical exam. She has never had a pelvic exam and is hesitant about having the exam.

Cast: patient
Community Health Worker

Example 2.

Mr. Jones has just had a laceration of the hand sutured. You have been asked to apply a dressing after which Mr. Jones may go home.

Cast: patient
Community Health Worker

IV. Course Title: Childbearing and Child Spacing -- Semester Units: Two

A. Catalog Description: Focuses on child spacing, planning for childbirth, parent roles, family relationships and maternal infant care as seen in the home, outpatient and community setting. The emphasis is on normal physical processes and related cultural, psycho-social and emotional factors. Prepares the student to do health teaching, observation, and follow-up on the childbearing process and family planning.

1. Emphasis of course
   - a. Prevention: avoiding crises through effective family planning and good prenatal care
   - b. Normalcy of the pregnancy cycle
   - c. Maintaining optimal health of mother and baby
2. Course goals: to prepare the student in
   - a. Basic knowledge of normal reproductive cycle
   - b. Detection and immediate referral of any deviations from normal
   - c. Approaching family planning and childbearing as normal phases of life
   - d. Explaining in lay terms the human reproductive cycle, human pregnancy and childbirth, including identification of anatomic structures

B. Texts:

1. Maternity Center Association, A Baby Is Born. New York: Gossett and Dunlap, 1964.
2. Gray, Marian J. and Gray, Roger W., How to Take the Worry Out of Being Close. Oakland, California, 1971.
3. Hill, Charla, Washington, Jackie and Rice, Alison, Childbearing and Child Spacing. Saratoga, California: West Valley Community College, 1973.

C. Course Objectives: Given printed material, instructor presentations, classroom discussions and written assignments, upon completion of this course the student should be able to

1. Make relevant observations and gather information related to family planning and pregnancy, as demonstrated by the following:
   - a. List early signs of pregnancy and calculate when accurate pregnancy testing is possible
   - b. List common discomforts of pregnancy and the management of these
   - c. List the danger signs of complications of pregnancy which should be reported to a physician
   - d. List the signs of labor and indicate in situational test questions when it is time for a woman to go to the hospital and/or prepare for imminent delivery
   - e. Describe in a test question the appearance of a normal newborn infant and list abnormal observations which should be reported to a physician
2. Provide appropriate health teaching related to family planning and sexual functioning in simple terms understandable to patients as demonstrated in the following tasks:

   a. Label diagrams of male and female reporductive systems, define related anatomic terms
   b. Discuss in class and in a written assignment ways to approach subjects of sexual functioning and sexual identity
   c. Explain in writing the processes of ovulation, sperm ejaculation, fertilization, and implantation, using terms a lay person can understand
   d. Define and explain in writing on test questions the following contraceptive methods by telling in lay terms how each works and how to use it, its effectiveness, its availability and its advantages and disadvantages:
      1) Birth control pills
      2) Intrauterine devices
      3) Diaphragm and jelly
      4) Foam
      5) Condom
      6) Rhythm
      7) Withdrawal
   e. Define and explain in writing the following procedures, indicating in lay terms what is done, some indications for doing this, after-effects, and at least one resource in your community where each procedure can be obtained
      1) Vasectomy
      2) Tubal ligation
      3) Hysterectomy (vaginal and abdominal)
      4) Abortion
   f. List in writing symptoms and signs of syphilis and gonorrhea and can list the community resources to which a person demonstrating such symptoms might be referred for treatment

3. Provide appropriate health teaching and care related to child-bearing in simple terms understandable to lay persons as demonstrated in the following skills:
   Make a written one day food intake record on self and describe in writing what changes would be indicated and why if this diet were adjusted to meet the nutritional needs of a pregnant or lactating woman
4. State in writing important considerations in instructing a mother in breast and formula feeding, and list advantages and disadvantages of each method
5. Describe in writing ways of alleviating the most common discomforts of pregnancy
6. Discuss in class the necessary decisions related to labor and delivery and state why they must be made prior to delivery and hospitalization:
   a. Transportation to hospital
   b. Care of other children, and their knowledge of baby
   c. Payment of hospital bill
   d. Type of anesthesia
   e. Rooming in
   f. Husband in delivery room
   g. Whether plans to breast or bottle feed
   h. Name of baby

   - i. Whether circumcision desired on male infant
   - j. Basic layette
7. List in writing on a test the stages of labor and delivery and describe briefly what occurs in each stage
8. Define and explain in writing basic post partum observations and health teaching of women during the six weeks following delivery, including
   - a. Flow or lochia
   - b. Episiotomy
   - c. Colostrum
   - d. Elimination
   - e. Hygiene
   - f. Diet
   - g. Sex relationship
   - h. Six week check-up
9. Explain in writing on tests and in class discussion basic newborn care including
   - a. Cord care
   - b. Bathing
   - c. Circumcision care
   - d. Diapering

D. Course Content:

1. Mechanism of human reproduction, including familiarizing students with correct relevant anatomical terms and physiological concepts, and problems of reproduction
2. Child planning and child spacing, including
   - a. Local community resources for obtaining family planning services
   - b. Available contraceptive methods: how they work, how to use them, advantages and disadvantages
   - c. Psycho-social factors important in decisions relating to family planning
   - d. Abortion, adoption, sterilization procedures and controversial issues relevant to child planning
   - e. Common misconceptions
3. Differing roles and lifestyles of women today and implications of these differences for Community Health Workers working with women, including
   - a. Family relationships
   - b. Living together arrangements (LTA's)
   - c. Working women
4. Nutritional needs in pregnancy and lactation, with emphasis on understanding of these in terms of
   - a. The basic four food groups
   - b. Different cultural dietary patterms; e.g., Chicano and vegetarian
   - c. Vitamin and iron supplements
5. Physiology of pregnancy, including
   - a. First trimester
      - 1) Signs of pregnancy, and their causes
      - 2) Hormonal changes

        - 3) Development of embryo
        - 4) Complications
    - b. Second trimester
        - 1) Development of fetus
        - 2) "Quickening"
        - 3) Common complaints and their causes
        - 4) Complications
    - c. Third trimester
        - 1) Development of fetus
        - 2) Common complaints and their causes
        - 3) Complications
        - 4) Signs of labor
- 6. Care during pregnancy, including
    - a. Management of fears and concerns of pregnant women
    - b. Importance of regular medical supervision
    - c. Personal hygiene and exercise needs
    - d. Discomforts of pregnancy and management of these:
        - 1) Nausea and vomiting
        - 2) Urinary frequency
        - 3) Breast tenderness
        - 4) Mood changes
        - 5) Backache and fatigue
        - 6) Constipation, hemmorrhoids
        - 7) Varicose veins, swelling of feet
        - 8) Indigestion and heartburn
        - 9) Shortness of breath
    - e. Danger signs to report to physician
        - 1) Dizziness
        - 2) Blurred vision and/or spots in front of eyes
        - 3) Severe headaches
        - 4) Swelling of hands and face
        - 5) Fever
        - 6) Burning on urination
        - 7) Vaginal bleeding
        - 8) Leakage of water from vagina
    - f. Plans for hospital stay
    - g. Community resources for
        - 1) Prenatal classes
        - 2) Preparation for childbirth
- 7. Labor and delivery, including
    - a. Signs of labor
        - 1) Contractions which are
            - a) Regular
            - b) Closer together and stronger
        - 2) Pink mucous discharge from vagina
        - 3) Gush of clear fluid from vagina
    - b. Stages of labor
    - c. Anesthesia
    - d. Episiotomy
    - e. Role of father or helping person during labor and delivery
- 8. Post partum care, including understanding of
    - a. Process of involution

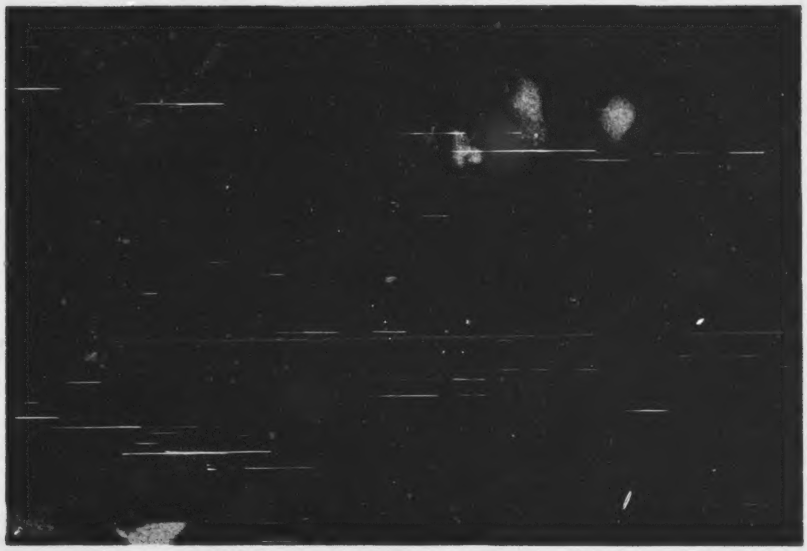
   - b. Lochia flow
   - c. Discomfort from episiotomy and management
   - d. Gastro-intestinal discomforts and management of these
     - 1) Gas
     - 2) Constipation
     - 3) Hemorrhoids
   - f. Emotional libility and "blues"
   - g. Contraception
   - h. Six week check-up
   - i. Possible complications and signs of these
     - 1) Urinary retention
     - 2) Hemorrhage
     - 3) Infection
9. Preparation for baby, including
   - a. Preparation of home
   - b. Preparation of other family members
   - c. Layette needs
10. Breast feeding and bottle feeding, including
   - a. Advantages and disadvantages of each method
   - b. Instructions to mother for each method
   - c. Recommended equipment for each method
   - d. Formula preparation
   - e. Community resources for assistance with breast feeding
11. Observation and care of newborn baby, including
   - a. Normal findings
   - b. Findings that should be reported to physician
   - c. Feeding
   - d. Elimination
   - e. Sleep
   - f. Clothing
   - g. Mother, infant relationship
   - h. Cord care
   - i. Circumcision care
   - j. Skin care
   - k. Bathing
12. Ongoing discussion of the role of Community Health Workers in interpreting course information to patients, with special emphasis on improving skills of observation and communication

E. General Requirements:
1. Assignments including case presentations (see attached descriptions)
2. Take-home midterm
3. Final exam

F. Methods of Evaluation:
1. Contributions to class discussion and in class role playing
2. Written assignments and case presentations
3. Take-home midterm
4. Final exam

G. Suggested Instructional Methods:
1. Lectures by instructor and guest speakers

2. Films (e.g., "Human Reproduction", "The Story of Eric", "Infant Care")
3. Flip charts, diagrams
4. Role playing in class (i.e., student plays role of Community Health Worker helping prenatal patient with a problem, or helping answer a woman's misconception about a family planning method)



ASSIGNMENTS

1. Label diagrams of male, female reproductive systems
   Reading: A Baby Is Born, pp. 9 - 17

2. Reading: same as above and How to Take the Worry Out of Being Close

3. Write birth control case story. Talk with a person (patient, friend, relative) who is using a method of birth control. Write a short report, emphasizing:
   a) How she is using the method? (and is this correct? -- find out!)
   b) Where did she obtain it?
   c) How does she feel about using it?
   d) How effective is (or was) it? (especially, any signs of fear, worry or guilt)
   e) Advantages of this method for this person.
   f) Disadvantages of this method for this person, whether person should be referred for consideration of an alternative method.
   Discuss reports.

4. Reading: Childbearing and Child Spacing, "Methods of Family Planning"
   Presentation of remaining case studies.
   Write a brief report about a hypothetical patient who has missed one period and does not want a pregnancy now. Include topics you would discuss with her, and resources to which you might refer her for
   a) Confirmation of pregnancy
   b) Obtaining an abortion
   c) Placing her baby for adoption

5. Collect newspaper articles, anecdotes on different life styles of women today.

6. Reading: Childbearing and Child Spacing, "Nutrition in Pregnancy" and "Diet in Pregnancy"
   Write a one day food intake (complete) record on yourself. Then describe what changes you would need to make (and why!) in your diet if you were pregnant.

7. Reading: A Baby Is Born, pp. 16 - 23; Childbearing and Child Spacing, "Physiology of Pregnancy"

8. Reading: Childbearing and Child Spacing, "Prenatal Checklist" and "Study Questions"

9. Reading: A Baby Is Born, pp. 35 - 49 and 53 - 61; Childbearing and Child Spacing, "Study Questions"

10. Reading: Childbearing and Child Spacing, "Study Questions" and "Post Partum"

11. Reading: Childbearing and Child Spacing, "Prenatal Checklist", expecially "VI -- Basic Equipment Needed For Newborn"

12. Write a list of advantages and disadvantages for:
    a) Breast feeding
    b) Bottle feeding

    Talk to bottle feeding and breast feeding mothers if possible!

13. Reading: Childbearing and Child Spacing, "Physiology of Newborn"; A Baby Is Born, pp. 50 - 51

14. Written Course Evaluation

    Final exam

Layette Class

Select one or two items from any "Minimal layette" list.

Secure one item essential to a newborn layette.
- a) Get from class "layette box" accumulated by previous students
- b) Borrow from a friend or relative
- c) Make the item yourself

Be prepared to state how many of your items would be needed for a minimal layette!

V. Course Title: Child Health -- Semester Units: Two

A. Catalog Description: Focuses on child health in the home, school, and outpatient settings, including maximizing psycho-social developmental potential of children through providing approaches and experiences appropriate to the individual child's level of development. Emphasizes developing skills in observation and health teaching related to child health and development including approaches to parenting, nutrition and dental needs, accident prevention, immunizations, care of childhood illnesses, learning problems and physical handicaps.

1. Course emphasis -- maximizing by parents and Community Health Workers of each child's potential for good health and normal growth and development
2. Course goals: to prepare the student in
    a. Understanding of developmental stages and norms
    b. Providing appropriate developmental experiences and tasks
    c. Appropriate counseling of parents in easily understandable terms
    d. Interpreting immunization records and needs according to current immunization schedules
    e. Recognition and management of common childhood illnesses
    f. Exploring own and others' ideas on topics related to child rearing and child development such as discipline, toilet training, learning problems

B. Texts:

1. Washington, Jackie and Hill, Charla, Child Health. Saratoga, California: West Valley Community College, 1973.
2. Spock, Benjamin, Baby and Child Care. New York: Pocket Books, October, 1971.
3. Ames, Louise B., Behavior from Birth to 10. Harper & Row, 1955.
4. Patterson, Gerald R. and Gullion, Elizabeth, Living With Children. Champaign, Illinois: Research Press, 1973.
5. Ginott, Hiam, Between Parent and Child. New York: Avon Books, 1969.
6. Ginott, Hiam, Between Parent and Teenager. New York: MacMillan, 1969.
7. Dodson, Fitzhugh, How to Parent. New York: Signet Reference, 1971.
8. Fraiberg, Selma H., The Magic Years. New York: Charles Scribner Sons, 1959.
9. Gordon, Ira J., Baby Learning Through Baby Play. New York: St. Martin Press, 1970.

C. Course Objectives: Given printed materials, instructor presentations, classroom discussions, assigned project and written assignments, upon completion of this course the student should be able to

1. Make relevant observations and gather information related to a child's health and development as demonstrated by the following
    a. Identify in test questions and on written reports on observations of real children the basic developmental and language skills for specific age ranges of infants and children

CHILD HEALTH

    b. Identify in situational test questions gross deviations from normal childhood health and development which need referral to a physician
    c. Identify in situational test questions desirable and undesirable parental approaches to common problems of childbearing, such as discipline, feeding problems, and fears of children
    d. Obtain a well child history from a parent of a real child as described in a class assignment
    e. Obtain in a written assignment a one day food intake record on a real child, and discuss this diet in terms of nutritional needs of a child of this age, including suggested improvements
    f. Observe and record a meal being eaten by a child and comment on the quality of the mealtime setting and suggest improvements
    g. Read, copy, and interpret an immunization record on a child and assess this record in terms of current immunization schedules
    h. Describe in written reports and on tests the signs and symptoms of common childhood illnesses and of complications of these illnesses which should be referred to a physician

2. Provide appropriate, child-related health guidance to parents, as demonstrated by the following
    a. Describe on test questions appropriate experiences which parents could provide to promote normal developmental skills and learning for children in differnet age ranges
    b. Discuss in test questions and in written observations of children the major important accomplishments of each developmental stage through adolescence, including the formation of trust, autonomy, initiative, self-esteem, and identify
    c. Make a toy using materials found around the house and explain the skills it can promote in a child of a particular age range
    d. Explain in written reports and in test questions basic home care of common childhood illnesses
    f. Describe on a test ways positive reinforcement can be used by parents in discipline and behavior modification
    g. Identify on a test important considerations in detecting and treating learning problems
    h. List on a test local resources available to detect and treat children with physical handicaps, emotional problems, and mental retardation
    i. Discuss on a situational test question ways in which a parent with a handicapped child may be helped to maximize his child's potential for coping with a particular handicap

D. Course Content:

1. Overview of growth and development from birth through adolescence, including

   - a. General principles of growth (i.e., spurts and lags, importance of growth curves, percentiles)
   - b. General principles of development (i.e., wide ranges of normal development, importance of sequence in mastering developmental tasks, strengths and needs at different developmental stages, developmental norms and recognition of gross abnormalities)

2. Developmental tests and how these can be used in optimizing development and enriching developmental experiences
3. Principles of history taking and screening
   - a. Well children
   - b. Ill children
4. Immunizations and skin testing, including
   - a. Why these are important
   - b. Current immunization schedules
   - c. How to interpret an immunization record
   - d. Specific immunizations in use tody; the action, contraindications, route of administration, side effects and patient teaching relevant to each immunization
   - e. Immunization theory, including difference between active and passive immunization, live virus and killed virus vaccines
5. Common childhood illnesses and their management, including
   - a. Colds
   - b. Strep infections
   - c. Ear infections
   - d. Bronchitis
   - e. Bronchiolitis and asthma
   - f. Pneumonia
   - g. Croup
   - h. Gastroenteritis, including vomiting and diarrhea
   - i. Urinary tract infections
   - j. Mumps
   - k. Chickenpox
   - l. Measles
   - m. Rubella
   - n. Roseola
   - o. Anemia
   - p. Impetigo
6. Nutrition, feeding and dental health in infancy through adolescence, with special emphasis on the different needs and problems at specific stages of development, and ways of meeting these needs and coping with problems
7. Language development and how it can be facilitated at different stages of development
8. The use of play and appropriate toys in faciliatating development
9. Different approaches to common developmental problems and tasks, including
   - a. Sleep problems and fears
   - b. Accident prevention
   - c. Toilet training
   - d. Discipline
   - e. Learning problems
   - f. Adolescent problems

10. Working with families with a handicapped child, including
    a. Understanding of desirable parental approaches and attitudes
    b. Knowledge of local resources for referral for treatment
11. Ongoing discussion of the role of the Community Health Workers in interpreting course content to specific parents and children, with special emphasis on improving skills of observation and communication

E. General Requirements:
   1. Assignments including toy project (see attached description)
   2. Take-home midterm
   3. Final exam

F. Methods of Evaluation:
   1. Contributions to class discussion and in class role playing
   2. Written assignments and toy project
   3. Take-home midterm
   4. Final exam

G. Suggested Instruction Methods and Materials:
   1. Lectures by instructor and guest speakers
   2. Demonstrations (e.g., of giving Denver Development Test to infant)
   3. Films (i.e., "Phenomena of Early Development", "Preface to Life")
   4. Field trips (e.g., to school for handicapped children)
   5. Role playing in class (i.e., student role play a Community Health Worker helping parent who needs help with a particular child related problem)

ASSIGNMENTS

1. Reading: on growth and development (In Child Health, in Baby and Child Care and other references you choose. In your reading, feel free to emphasize a special age group if your work is with a special age group such as, for example, school age children.)

2. Take-home quiz (refer to Denver Development Test for answers).

3. Write up a part of a well child history or problem child history, using class manual for reference. Obtain the history from a patient of a real child (can be a friend, a patient, a relative).

4. Reading: on immunizations

5. Prepare in writing an immunization history obtained from a real or imaginary child. Include present age of child, immunizations already received, when received. Then write your recommendations for next immunizations needed (type and when due) and how and where these may be obtained.

6. Reading: on childhood illnesses
   Write a brief report on one childhood illness discussed in the Child Health. Be prepared to discuss it in class. Include in your report the following:
   a) Name of illness
   b) Immunity to the illness
   c) Symptoms
   d) Complications
   e) Treatment and management

7. Presentations of reports on childhood illnesses

8. Reading: on nutrition and dental health
   a) Obtain a one day complete food intake record from a parent on his/her child and record this. Discuss the diet in terms of:
      1) Four basic food groups included?
      2) Amounts of foods eaten, strengths of diet and possible bad habits
      3) Why it is difficult to evaluate meeting of nutritional needs on basis of one day diet history
      4) Suggested improvements to round out this diet
   b) Observe and record your observations of a child (indicate his age) eating a meal and discuss in terms of:
      1) Nutrition and non-nutrition foods eaten
      2) Amounts of food
      3) The quality of the mealtime situation (i.e., pleasant, peaceful, hectic, etc.
      4) Your suggestions for improvement of mealtimes

9. Record a fifteen minute observation of two or more children playing (at home, at school, at a park, et cetera). Indicate sexes and approximate ages of children observed. Make special written notes on language used, possible meanings of play, and any evidence of using play to deal with fears.

10. Reading: on toilet training, tantrums, accident prevention

11. Reading: on sleep problems and fears

12. Toy project with written report

13. Reading: on discipline

14. Reading: on school age child

15. Reading: on handicapped child

16. Reading: on adolescent

TOY PROJECT ASSIGNMENT

1. Sign up for the age group for which you wish to make a toy
2. Decide on the exact toy you will make
3. Make the toy, using materials usually found around the house
4. Make a display card or poster indicating:
    a. Name of toy
    b. Age group for which it is suitable
    c. What skills the toy promotes or what use it serves to a particular age group
    d. Reference used (book, magazine, et cetera)

Age Group

Birth -- 6 months
6 months -- 1 year
1 year
2 years
3 years -- 4 years
5 years -- 6 years
Older than 6 years

VI. Course Title: First Aid and Emergency Procedures -- Semester Units: One

A. Catalog Description: Basic course in standard first aid techniques, emergency assessment and disaster procedures. Red Cross First Aid Certificate included with successful completion. Emphasizes preparedness for emergencies in work, home and recreation situations. Includes practice of first aid skills and emergency measures.

B. Required Tests: (Choose One)
1. American National Red Cross, Standard First Aid Course Multimedia System, New York: Doubleday and Company, Garden City, New York
2. American National Red Cross, Standard First Aid and Personal Safety, New York: Doubleday and Company, Garden City, New York

C. Recommended Readings:
Department of Defense, Office of Civil Defense, In Time of Emergency, Publication H14, March, 1968

D. Course Objectives: Given classroom instruction and guided fieldwork on basic first aid skills, emergency preparedness and situation assessment, the student should be able to:
1. Complete skills practice and written material required by the American Red Cross course in First Aid to the Injured (standard or multi-media) passing the written test with at least a 70% grade.
2. Do a written and verbal survey of own employing agency on available first aid equipment, emergency procedures and policies, specific plans for emergency and disaster duties and staff training to assure preparedness.
3. Do a written survey of own home on available first aid equipment and emergency telephone numbers.
4. Compare and evaluate in classroom discussion the survey findings related to first aid and emergencies.
    a. Assess general strengths and weaknesses of preparedness and equipment found.
    b. Specifically evaluate preparedness to deal with the life threatening priorities -- bleeding, breathing, poisoning.
    c. Explain the importance of preplanned procedures for administering first aid and securing medical or rescue help.
    d. List essential material and equipment for a basic first aid kit for the home, office, car or recreational vehicle.
5. Discuss survey results related to disaster planning and complete an in-class questionnaire on basic disaster planning facts and resources.
    a. State agencies responsible for local disaster planning and their duties.
    b. List printed materials and other resources available to the public through these agencies.
    c. Evaluate the importance of denial as a factor in lack of preparedness and panic during disaster.
    d. Compile with other class members a list of simple objectives to recommend to employers, family and friends to assure basic

preparedness for natural disasters including fires, floods and earthquakes.

6. Demonstrate awareness of the great importance of assessment in emergency situations.
    a. Give examples of injuries according to where they might fall on a continuum of major life threatening to minor.
    b. State and explain steps in assessment process for emergencies.
        1) Initial response
        2) Asking, observing and examing for injuries
        3) Decision and action
    c. Participate in large group practice focused on unorganized emergency situation, responding with appropriate sequence and type of behavior for the following:
        1) Urgent problems
        2) Important problems
        3) Problems needing observation or simple action
7. Demonstrate in small group practice first aid skills, assessment skills and effective use of standard and improvised equipment by alternately serving as observer, first aider and victim in at least three simulated emergency situations.

E. Course Content:

1. Basic first aid skills
    a. Facts and skills required by American Red Cross Standard or Multimedia courses
        1) Wounds
        2) Shock
        3) Artificial respiration
        4) Poisoning
        5) Ill effects of heat and cold
        6) Head injury
        7) Internal injury
        8) Infection
        9) Sudden illness
        10) Burns
        11) Dressings and bandages
        12) Bone and joint injuries
        13) Emergency rescue and transfer
    b. Situations likely to require first aid skills
2. First aid equipment and planning
    a. Essential and optional equipment for the home, work site or recreational vehicle
    b. Improvising equipment
    c. Needs versus reality in prevalence of first aid knowledge skills and equipment in families, neighborhoods, work situations, and public settings

3. On-site assessment in first aid and emergency situations
    a. Initial response
        1) Ask and observe: what happened?
        2) Stay calm, get others calmed

b. Check situation
  1) Ask if anyone hurt
  2) Observe for injuries
    a) Urgent: bleeding, breathing, poisoning
    b) Important: shock fracture, burn, internal injuries, heart attack, stroke

c. Decision and action
  1) Direct help
    a) Urgent: first aid to severe wounds, artificial respiration, action appropriate to specific poison
    b) Important: treat for shock, splint fracture, appropriate burn treatment, give prescribed medication
  2) Send for help -- stay with the victim and send someone else
  3) Transport person if absolutely necessary

4. Preparedness for multiple emergencies or large scale disaster
   a. Examples of human induced situations (e.g., accidents, nuclear attack) and natural disasters (earthquake, flood)
   b. National, state and local agencies designated for specific duties in emergency planning and action
      1) Officially designated, such as Office of Emergency Planning, National Guard, American Red Cross
      2) Voluntary agencies and general community resources
      3) Local emergency broadcasting stations
   c. City or county procedures for emergencies and disasters
      1) Fire, police, rescue and ambulance services
      2) Designated authorities in case of an officially declared emergency
      3) Published materials on local emergency and disaster procedures
      4) Agency and home procedures of class participants

F. General Requirements:
1. Course taught by Red Cross certified instructor
2. Red Cross enrollment procedure
3. Community college enrollment if for college credit

G. Evaluations:
1. Standard or Multimedia test from American Red Cross
2. Satisfactory return demonstrations on required skills
3. Class attendance and participation
4. Written reports of agency and home survey

H. Suggested Methods and Materials:
1. Class outlines, posters and films required for Standard or Multimedia First Aid by the American Red Cross
2. Teacher written simulated emergency situations

   Examples:
   1) Children with kerosene ingestion
   2) Lawnmower cut with severe bleeding
   3) Automobile-bicycle accident
   4) Fall from ladder

3. Focused discussion
    Examples:
    1) Denial as a factor in lack of first aid knowledge, skills and equipment
    2) Intent versus action in first aid preparedness
    3) Class members respond to statement, "You ought to have a first aid kit and know how to do good basic first aid." Discuss class responses plus probable responses of neighbors and friends.
    4) Importance of preplanned procedures, using personal experiences of class members related to preface "If only I had..." or "I'm glad I ..."
4. In-class questionnaire on disaster preparedness
    Sample questions:
    1) Name at least one local radio station that is equipped to broadcast in a major disaster situation.
    2) Name two agencies legally responsible for planning resources and actions for possible disasters.
    3) Which agency has been nationally designated as responsible for coordinating food and shelter during a disaster?
5. Agency survey
    a. Make a list of the emergency equipment kept in the agency (such as first aid kit, resusitation equipment).
    b. Ask for agency policies on how to handle emergencies, such as a person having a heart attack or an on the job accident.
    c. Write down the locations of all the fire extinguishers in your office, school or clinic, and the type fire they will put out.
    d. Find out who is responsible for emergency or disaster planning in the agency, try to get
        1) Procedure for gas and electric outlets being checked, and any emergency equipment such as battery generators
        2) Plans for training staff to deal with earthquakes, floods or other disasters.
6. Home survey
    a. Make a list of first aid equipment in your home or that of a patient, friend or client.
    b. List standard or improvised equipment available for use in a fire, in a utility shortage and in a disaster such as a flood.
    c. List location of medicines and poisons, specifying whether labeled and if out of reach of small children.
    d. State location of gas and electric outlets and how to turn them off.
    e. List emergency phone numbers available and where located.
7. Community resource survey
    Examples:
    1) Secure a locally published list of emergency telephone numbers.
    2) Bring to class the last published city or county disaster plan.

SUPERVISION OF COMMUNITY HEALTH WORKERS

Introduction

Effective supervision is a vital element in the effective functioning of Community Health Workers. Community Health Workers are supervised by various individuals such as registered nurses, public health nurses, social workers, health educators, doctors, and in a few cases other Community Health Workers. Regardless of who does the supervising, the important thing is that the supervision process or function exist in a workable form. The function is so important that Community Health Workers need to seek out supervision if it is not an effective structural part of the employment situation.

Effective supervision of Community Health Workers is important for several reasons:

1) Community Health Workers need supervision for their own growth and development of the role. Some Community Health Workers come from the community with few formal skills beyond their life experience and their interest in other people. In order to help people get improved health care, Community Health Workers must acquire new knowledge and skills, knowledge such as what resources are available and skills such as how to get service from those resources. Without supervision which includes teaching new skills, the role of the Community Health Worker is severely limited.

2) The kind of work Community Health Workers do is mentally and emotionally draining. It has been said that Community Health Workers "put themselves in everyone else's shoes." They listen to people's problems, and often share these problems in their own life experience; they help others to explore alternatives, make referrals, set up appointments, act as advocates, transport patients to the doctor and engage in a whole variety of other activities which require calling upon their own emotional energy. Because these are the daily experiences of Community Health Workers, they need reassurance and encouragement; a logical place for this reassurance and encouragement to come from is the supervisory process.

3) In addition to needing reassurance and encouragement, Community Health Workers have basic human needs which include respect, trust, confidence, and the need to express oneself. Effective supervision can help meet these needs and thereby free the Community Health Worker to fully utilize personal strengths and resources on the job.

4) An element which can hardly be stressed enough is the need to involve Community Health Workers in defining the work they will do. Community Health Workers are adults; if they are treated as understanding, goal-oriented, and independent, they can be expected to accept responsibility for their own actions. As people who come from the community they serve, they are close to the situation and they see and feel what is needed. It has been found that people who understand and care about what they

are doing can devise and improve their own methods of doing work.

Role and Responsibilities of Supervisors

Supervisors of Community Health Workers need some specific knowledges and skills. First, they must be knowledgeable about the field of work whether this involves clinical work or outreach. Second, they must be able to communicate this knowledge to Community Health Workers; in other words supervisors need teaching skills. Supervisors should be able to use sound judgment. They need to be able to delegate responsibility and to be able to deal with different kinds of groups, including individuals of various cultural backgrounds.

Besides being knowledgeable, supervisors must also be understanding people with whom Community Health Workers can communicate. They need to be aware and accepting of both their own human needs and the needs of others. They should express trust and confidence in the Community Health Workers working with them. Supervisors who adopt an attitude of positive respect for Community Health Workers and for their life experiences and abilities should be able to establish and environment where the work gets done and Community Health Workers grow in both knowledge and skill in working with patients.

Typical responsibilities of the supervisor include the following:
- a. Supervise clinical skills of Community Health Worker.
- b. Assist Community Health Workers in planning work load.
- c. Assign new cases to work load.
- d. Handle orientation of Community Health Workers to role of other team members and orientation of other team members to role of the Community Health Worker.
- e. Look for educational opportunities for Community Health Workers and refer Community Health Workers to appropriate educational institutions.

f. Orient Community Health Workers to agency policies.
g. Explain agency expectations of Community Health Workers to individual Community Health Worker.
h. Include Community Health Worker in team planning.
i. Conduct appropriate training for Community Health Worker.
j. Evaluate Community Health Workers work on a regular basis.

Several components of supervision have been found to be helpful in supervising Community Health Workers. Briefly stated these components are 1) identifying tasks and objectives, 2) involving Community Health Workers in defining their tasks and objectives in order to get their input and commitment, 3) making task assignments with clearly defined expectations, 4) managing the work load and 5) doing follow-up and evaluation on a regular basis.

There are three types of supervision which can utilize these components. They are 1) administrative supervision, 2) work management supervision, and 3) staff development. Most supervisors are responsible for all three of these types of supervision. It is helpful to view them as separate parts of the supervisor's job at the same time conscientious effort is made to effectively integrate their functions.

1. Administrative Supervision

Purposes

-- To interpret agency structure and policies to Community Health Workers

-- To check accountability of Community Health Workers to the agency and its policies in dependability, use of time, basic focus of work, and quantity of work

-- To facilitate Community Health Workers interest and efforts to contributing to revision of agency policies and to setting new agency goals

Characteristics

Administrative supervision usually involves fairly clearcut expectations of Community Health Workers, though these tend to be more open ended if the program is new or if the role is new within the agency. Many agency evaluations of personnel are based mainly in this area, especially in accountability to the agency. In addition, the greatest amount of agency pressure on a supervisor is focused on these duties because higher administration depends a lot on basic accountability and quantity input for purposes of planning, budget allocation to programs and furnishing rationale for the agency's existence.

Difficulties

It is hard to differentiate the supervisor's overall administrative duties from administrative areas that actually relate to effective functioning of staff Community Health Workers. Without this differentiation, the tendency is for the supervisor to burden the staff with administrative anxieties in an effort to convince them of the importance of their own obligations to fulfill basic agency expectations.

Supervisory process and effective methods

1) Actively participate with other supervisors and with agency administrators in ongoing planning on the focus of the Community Health Worker's role within the agency. Explore implications of the job description, salary range and placement within the agency, making recommendations for changes as indicated.

2) Secure Community Health Worker input on job description, focus of work and related details during initial planning and periodic revisions.

3) Interpret agency expectations in behaviors that can be observed in the actions of the Community Health Worker. Example: "Reliability" as a requirement for job performance can be spelled out in specific ways, such as:
    - responsible for knowing and following own daily schedule
    - arrives at work on time and uses time well during the day, grouping tasks appropriately.

4) Assist the Community Health Worker to understand agency priorities, philosophy, goals and funding, explaining how these relate to daily program functioning.

5) Give periodic verbal and written feedback on whether the individual's focus and quantity of work are meeting standards set by the agency. This usually requires furnishing feedback to the Community Health Worker more frequently than specified by probation or promotion guidelines furnished by the agency or civil service.

6) Provide a forum for securing Community Health Worker input into evaluating and revising agency policies to meet new situations and changes in staffing. Ideas emerging from the group or submitted by individuals should be put down in writing. The supervisor then can find ways to channel this information at the same time the principles and processes of policy revision are explained and practiced. These include reviewing,

demonstrating and providing practice in these processes, including recommendations and specific reasons for them, planning on factors of timing and who to approach when on what, and decinding which approach would be most effective.

Channeling of Community Health Worker ideas to policy making groups can involve several methods: a) written recommendations, b) verbal presentation by the supervisor to administration, c) inviting administrators to Community Health Worker group meetings and d) having a regular system for direct input through Community Health Worker representatives serving as members of policy making committees.

2. Work Management Supervision

Purpose

To get the work done according to agency goals and observed needs of patients as effectively as possible, utilizing the special abilities and training of Community Health Workers and promoting team work with other staff members.

Characteristics

It is generally within the area of work management supervision that supervisors have most freedom to use their own ideas and abilities. Defining day to day tasks of Community Health Workers and finding ways to help Community Health Workers perform effectively are perhaps the most challenging components of a supervisor's job. The rewards of this type of supervision are great in terms of job satisfaction, use of creativity and dynamic growth of professional competency.

Difficulties

Having open ended goals provides an interesting challenge, but filling the gap between agency commitments and actual accomplishment of tasks can seem overwhelming, particularly when it involves responsibility for the work of others. There is usually more work to be done than time and staffing allow, so priority setting is a critical but difficult task. Even after tasks are ordered and prioritized, there are the frustrations of not enough contact with Community Health Workers and other staff members, and the necessity for daily revision of own schedule, plus trying to show fairness in assignments, expectations and evaluation. It is difficult to balance the Community Health Workers need for individual autonomy and trust with the personal and professional values and ego needs of the supervisor, a balance strongly influenced by agency demands on both. Often the supervisor's chief difficulty is building in enough time and energy to do effective work management supervision since administrative pressures and problems at times seem insurmountable because of matters such as funding and inadequate staffing.

Process and effective methods

1) Decide what you want the Community Health Worker to do.

   This is necessary even if a job description has already been generally defined. (See section entitled "Planning and Implementing Training Programs".) One way to determine what a job entails is to do a task analysis. This can be done simply by following these three steps:
   a) Write down what you think are the tasks involved in the job.
   b) Ask the Community Health Workers or someone else who has done the job what the tasks are.
   c) Observe someone doing the job and see what tasks are being done.

   Once these three steps are accomplished, make a list of all tasks related to the job.

2) Get the Community Health Workers committed to the tasks by involving them in writing objectives.

   If the Community Health Workers were not involved in Step b) above, it is time to involve them. Ask them to verify the list and to add to any tasks omitted. Next, work with the Community Health Workers to make a list of the specific skills they need to perform each task.

   At this point, group similar tasks and write work objectives in simple terms of observable behavior. If you wish to include an human relationship or "attitude" objective, state it in terms of what the Community Health Worker will be doing if the attitude is present, such as "Demonstrate respect for patients by calling them by name, being courteous, and answering questions on procedures."

   Objectives should be written in terms of overall expectations and then further divided into phases or levels of expectations. This means defining time periods and levels of competency expected during each period. (See phasing diagram on next page.)

Phases of Progression in Assignment*

Timing	Complexity of assignment	Learning objective	Type of supervision
Phase 1	One task assignments	Show understanding by doing tasks	Information and instruction
Phase 2	Multi-task assignments	Show judgment in setting priorities and gathering relevant information to accomplish tasks	Judgment verification
Phase 3	Long term and/or complex assignments	Initiate and plan work, seeking help in evaluation and follow-up	Consultation and assessment of planning and follow through

*Skills from simpler phases will be used by all Community Health Workers, new and experienced, when approaching a new or unfamiliar task.

3) Make task assignments.

Community Health Workers should be assigned to tasks according to the nature and complexity of the tasks, availability of a Community Health Worker's time and appropriateness of individual ability to the situation. Preferences of the Community Health Worker should be taken into account, and verbalizing these can aid the supervisor in assessing areas where the Community Health Worker needs special encouragement, additional training or commendation for skills already gained.

Clarity of the assignment is closely related to whether it is written or verbal and to the way assignment and report forms are structured. Later frustrations on vague reports or incomplete accomplishment of the task can often be traced to inadequate or confusing instructions.

One valuable and often effective approach in supervising Community Health Workers is to do co-assigning of one Community Health Worker with a more experienced Community Health Worker or another staff member. This can be done at any level of experience and has the advantage of promoting effective team work at the same time supervision responsibilities are spread out and another staff member gains experience in the basics of supervision.

4) Do follow-up, maintenance and management.

Provide one-to-one and group contact with Community Health Workers in order to build in time for consultation, clarification and observed assessment of how well tasks are being accomplished. The exact type of supervision done at this time depends greatly on the level or phase of performance expectation the supervisor has of the Community Health Worker. There should be no doubt what the current level of expectation is, for this serves as the basis for preliminary planning and later evaluation as well as the focus for conferences and task accomplishment. Here are some definitions and examples of specific skills level assignments, with the type of supervision needed for each.

a) Phase 1. One task assignments include all the assignments given to newly employed untrained Community Health Workers as well as a large part of the duties of experienced workers. These tasks include making appointments, taking a temperature or delivering supplies. More than one task may be accomplished at the same place or in the same time period, but each is listed separately by the supervisor with specific instructions on how to accomplish the task. Adequate information must be given to clarify new terms and to specify the purpose of the task and what results are anticipated to be reported by the Community Health Worker.

b) Phase 2. Multi-task assignments involve the necessity of setting priorities and deciding on the order in which tasks will be done. Community Health Workers sufficiently experienced to be assigned in this way should of course be already skilled in each of the individual tasks. Setting priorities and filling in information lacking on the tasks require the Community Health Worker to search out further facts in the patient's record, in written material or by asking questions. The supervisor should encourage questions that are prefaced by the Community Health Worker's impression of what should be done, why and how. The supervisor then verifies correct information, corrects errors in planning, and recommends ways to fill in any gaps in information or planning on task accomplishment. The Community Health Worker may need to ask basic questions if the task is new or unfamiliar one, but the judgment verification process should be the one encouraged for the majority of the supervision at this level.

c) Phase 3. Long-term and/or complex assignments require the skills listed in the above phases as well as anticipating indepth or long-term implications of a particular patient problem or situation. This usually requires working closely at first with another staff member skilled in providing continuity when attempting to meet ongoing problems. The supervisor's time may be needed for some basic questioning or judgment consultations, but most one-to-one or group contact with Community Health Workers at this level should focus on quality of day by day planning and how it fits into the overall situation of the patient or family. The supervisor and Community Health Worker work together in planning, assessment and evaluation in order to improve the Community Health Worker's skills in these areas.

5) Do two way evaluation.

The major factors determining the effectiveness of evaluation are 1) how relevant and specific the written work objectives are to the actual tasks, 2) whether both supervisor and Community Health Worker thoroughly understand and endorse the objectives, and 3) the skill of the supervisor and Community Health Worker in integrating objectivity and trust into the evaluation process.

Evaluation should be understood as an ongoing process, with the periodic evaluation conference serving mainly to summarize and clarify matters, and to allow time to plan for the coming weeks or months. If work objectives are mutually agreed upon and the supervisor has effective methods of securing and furnishing feedback on the quality of the Community Health Worker's work, then there are no surprises in the evaluation conference.

Two way evaluation means that the supervisor and the Community Health Worker each are responsible for both giving and receiving evaluation feedback. This two way process functions in the various areas of supervision in the following ways:

a) The supervisor evaluates the Community Health Workers functioning in administrative tasks, daily work accomplishment, and personal development.

b) The Community Health Worker does a self evaluation in these three areas of functioning.

c) The Community Health Worker gives feedback on ways the supervisor has facilitated the Community Worker's work or could further contribute to effective funtioning.

d) The supervisor and the Community Health Worker together assess how their mutual tasks fit in with agency functioning and make plans for improving in this area and/or recommending agency changes.

In order to fully contribute to an effective evaluation conference, the supervisor and the Community Health Worker should have copies of the written work objectives as well as a copy of any written evaluation tools that will be used during the conference or submitted later by either. As much as possible should be done to promote trust and objectivity in everyday work encounters between the supervisor and the Community Health Worker, so that evaluation will be considered a rewarding rather than a threatening process.

3. Staff Development

All health related occupations require an involvement in continued learning and development. These are particularly important for the Community Health Worker because of the newness of the role and lack of standardized training. The supervisor is often responsible for one-to-one and group instruction to Community Health Workers to increase the knowledge and skills they need to effectively function.

Besides instruction in needed skills the supervisor is also responsible for encouraging the Community Health Worker to set definite goals for personal growth in areas related to work and to find ways to fulfill those goals. This includes discussing ways to increase the Community Health Worker's awareness of the meaning and importance of the Community Health Worker role. It also includes deciding on educational opportunities within and outside the agency which can help the Community Health Worker improve current functioning as well as increase career opportunities.

Assessing Effectiveness of the Supervisory Process

When the supervisory process is functioning effectively it facilitates the entire process of work accomplishment and is a measure of effectiveness of the agency or health care system itself. People are involved in their work and are strongly committed to work objectives and to the well being and work effectiveness of one another. This is evident in their behaviors, and the general tendency is the prevalence of optimism, dependability, ipenness to new ideas and to change, energetic approaches to work and calm exploration of ways to deal with problems.

With this process working well, productivity is high without causing undue stress. There is an ease of communication between Community Health Workers and with other staff members including supervisors and administrators. Information is freely shared, with consultation and supervision considered helpful tools. The Community Health Workers join with other staff members in a willingness to do innovative planning for the future.

When the supervisory process is not functioning effectively, work in general suffers and problems may increase to the point of greatly impairing agency functioning and even affecting turnover of staff. Behavioral changes are noted among all personnel, with indications of stress and job frustration such as diffuse anxiety, fatigue, irritability, decreased autonomy and initiative, frequent illnesses and resistance to proposed changes or to accepting new responsibility. Work effectiveness is considerably lowered. Communication breakdown become evident with decreased flow of information and increased dependence on unverified nonverbal cues from one another. There is a reluctance to do planning for the future, for long range or innovative plans seem pointless when the current work situation is discouraging and frustrating.

In assessing the effectiveness of supervision in a particular work situation involving Community Health Workers, the supervisor should first find out what is going on. Look at work reports, observe behaviors and talk to Community Health Workers about their feelings and their impressions of the situation. Everyone's impressions including the supervisor's should be checked out, however vague or personally biased they may at first seem. This assessment is more valid if its focus is on the process rather than placing all credit or blame on people and their personalities.

All factors should be examined, from whether goals, objectives and tasks are mutually agreed upon to who is doing specific tasks and how these tasks are accomplished. The supervisor and each Community Health Worker should list things they see as essential, including work to be done as well as ways to improve work relationships. In comparing lists and impressions, priorities can be set and objectives or methods revised.

Sometimes the group finds that the process itself is working but there are genuine personal problems or interpersonal conflicts. While the supervisor is responsible for work related problems, personal emotional problems should be referred to outside counseling. Interpersonal conflicts can be worked on together, preferably with the help of an objective third person. Both persons can then search for solutions on how to work out things together or outline other alternatives, such as transfer to another department or reassignment of duties.

In all discussion on the supervisory process it becomes evident that the supervisor's responsibilities, while complex, can be defined. The Community Health Worker's role as a recipient of supervision is more difficult to define. The process is more meaningful if the Community Health Worker is regarded as a participant in the process and takes responsibility for seeking and effectively utilizing supervision. At times this may mean structuring an informal system for support, consultation and supervision, particularly in isolated or loosely defined work situations. When supervision is valuable enough to be actively sought and well utilized, supervisors can feel rewarded for efforts expended to observe and improve the process.

APPENDIX

-- West Valley Community College Community Health Worker Program

-- Santa Clara County
   Career Ladder
   Salary Levels
   Job Descriptions

-- Sacramento Capitol Health Center
   Career Ladder
   Salary Levels
   Job Description

-- Salary Comparability Study

-- Agency Survey

-- Curriculum Planning Process for Service Based Programs

-- Task Analysis

-- List of Attendants of Four Workshops

-- Community Health Worker Project

-- Texts and References: Human Development in the Social Environment

West Valley College

Community Health Worker Program

-- Role Description

-- Community Health Worker Certificate Program

-- A A Human Services

-- Community Health Worker Course Description

-- Skills Class Outlines

-- History of Program

COMMUNITY HEALTH WORKER

What Is A Community Health Worker?

Community Health Workers help people get better health care. They act as bridges between health services and people needing the services by using their training in health information and skills as well as their own life experiences. Community Health Workers are specifically trained in

1. Health care advocacy
2. Clinical skills
3. Health teaching

The Community Health Worker makes a unique contribution to the health care team and is often the primary spokesman on behalf of the recipients of health care. The various responsibilities of the job require a focused ability to listen to others as well as skill and initiative in communicating information to them according to the needs of the situation. The Community Health Worker can

1) Directly use health care provider skills in helping people
2) Refer to other sources of help for health needs
3) Share information with other health team members
4) Teach people to help themselves through preventive health measures

Where Are Community Health Workers Employed?

Public service agencies involved in health care utilize Community Health Workers in a variety or roles. West Valley Community College has structured a generalized certificate program which offers training in human services skills and health skills which can be used immediately in different agency and home setting decreasing the need for extensive inservice training by the agency. Community Health Workers are currently working with families in public health agencies, in family planning clinics, in home nutrition outreach, in outpatient medical clinics, and with children in day care centers and school health programs.

What Does the West Valley Community College Community Health Worker Program Include?

The college offers a 30 semester unit certificate program with two phases -- human services classes and health skills classes -- as well as the opportunity to apply these units toward an Associate Degree. The basic human services classes in the core curriculum are taken with students from other public service fields such as social service and mental health. The health skills classes are fully credited courses in health concepts, clinic assisting, adult health, maternal-child care, family functioning and health teaching.

What Are the Pre-Requisites to Enter the Program?

The main focus of the Community Health Worker program has been to train people already employed by health care agencies in order to improve the quality of their work and enable them to achieve career mobility. The program is also open to those seeking employment in community health, even if they do not have a high school diploma or have been out of school for a while. There are no entrance exams, and successful completion of required courses indicates an ability to continue in the program.

COURSE DESCRIPTIONS: COMMUNITY HEALTH WORKER PROGRAM

Human Services Core Classes

Sociology 10 Use of Community Resources 3 units

Designed to help the student effectively use community resources personally or on behalf of clients. Covers major governmental and non-governmental agencies, and techniques of referral and follow-up.

Speech 4 Introduction to Small Group Discussion 3 units

Focuses on improvement of basic communication skills in one-to-one and small group setting, including interaction, information sharing and decision making.

Psychology 12 Human Growth and Development 3 units

Covers the norms of human psychological development from birth through old age and related coping skills.

Health Skills Classes

Health Education 1 2 units

General overview to personal, family and community health, with emphasis on concepts of wellness and major health problems.

Health Education 3 First Aid 1 unit

Basic course in standard first aid techniques and civil defense procedures. Red Cross First Aid certificate included with successful completion. Includes practice of first aid skills and emergency procedures.

COMHL 10 Introduction to Community Family Health 3 units

Stresses basic areas of knowledge and skills required in community health care including liaision work, observation, family health follow-up and home nursing. Emphasis is placed on preventive health teaching regarding current health problems, including chronic illnesses (e.g., diabetes, heart disease, emphysema) and contagious diseases (e.g., tuberculosis and venereal disease).

COMHL 11 Community Health Clinic Skills 3 units

Prepares the student to do basic health assisting in an outpatient medical clinic, including taking vital signs, preparing for physical examinations, interpreting and explaining medical instructions and patient questions, assisting with basic procedures, and the sterilization and ordering of supplies and equipment. Skills transferable to supervised home care include dressing changes, wound care, vital signs, inhalators and application of heat and cold.

COMHL 12 Childbearing and Child Spacing 2 units

Family relations, planning for childbirth, parent roles and maternal-infant care as seen in the home, outpatient and community setting. The emphasis is on normal physical processes and related emotional aspects. Prepares the student to do health teaching, observation and follow-up on the childbearing process and family planning.

COMHL 13	Child Health	2 units

Focuses on child health in the home, school and outpatient settings. Emphasizes developing skills for observation of child health and normal development, nutrition and dental needs, care of childhood illnesses, accident prevention, immunizations and learning problems. Includes psycho-social aspects of child development and approaches to parenting.

Work Experience Credit	8 units

Units given for concurrent related work experience. Students taking at least four (4) semester units and employed in a health agency can apply for work experience units.

TOTAL:	30 units

WEST VALLEY COMMUNITY COLLEGE

West Valley Community College is offering a certificate program designed to prepare Community Health Workers to effectively function in health advocacy, clinical skills and health teaching. The program has a dual focus: 1) Human Services Skills (communication, one-to-one and in small groups: community resources; and the psychology of human development) and 2) Health Skills (outpatient and home care procedures, public health approaches and family health needs).

30 Unit Certificate

First Semester	Units *
Use of Community Resources (Soc. 10)	3
Health Education (H.Ed. 1)	2
First Aid (H.Ed. 3)	1
Community Family Health (COMHL 10)	3
Childbearing and Child Spacing (COMHL 12)	2
Work Experience Credit	4
	15

Second Semester	
Introduction to Small Group Discussion (Speech 4)	3
Human Growth and Development (Psych 12)	3
Child Health (COMHL 13)	2
Outpatient Clinic Assisting (COMHL 11)	3
Work Experience Credit	4
	15
Total	30 Units

To Complete A.A. Degree in Human Services

Third Semester	
English Comp. (Eng. 50 or Eng. 1A)	3
History Series	3
Social Problems	3
Nutrition (FDRST 62 or FLS 15)	2-3
Elective	3
	14-15

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* Full time students are required to take one unit of Physical Education each semester.

Fourth Semester

Ethnic Studies Course (e.g., Soc. 12)	3
History Series	3
Math 50	3
Health Related Elective	3
General Elective	3
	15
Total	59-60 Units

CLASS SCHEDULE

HED 1 HEALTH EDUCATION

Class	Topic
	Unit I
1	Health and Illness
2	Ethic, Health Records and Communication
3	Diet, Rest and Exercise
4	Mental Health
5	Immunizations and Physical Exams
6	Family Planning
7	Dental Health
8	Test
	Unit II
1	Colds, Fever and Diarrhea
2	Gastro-Intestinal Problems
3	Cancer
4	Circulatory
5	Respiratory
6	Venereal Diseases
7	Drug Problems
8	Alcohol
9	Final Exam

CLASS SCHEDULE

COMMUNITY FAMILY HEALTH (COMHL 10)

CLASS	TOPIC	ASSIGNMENT
1	Introduction to Community Health, Community Health Worker Role	Referral-Resource Guide
2	Liaison & Advocacy: Outpatient appointments	Liaison-Advocacy Guides
3	Contagious Disease: Tuberculosis, Hepatitis	Tuberculosis Guide & materials
4	Recognition & Prevention of spread of disease	Red Cross Programmed Manual, Parts 1 & 2
5	Nutrition, diet modification	3-day Diet Study
6	Holiday	
7	Observation Skills: Environmental Problems	Recording of observations
8	Communication in Health Teaching	Process Recording, Role-play
9	Planning for Health Services	Family Health Summary, Begin Problem paper
10	Preparation for Hospitalization	Read Guide
		Begin Take-home Midterm
11	Chronic Illness, Diabetes	Chronic Illness, Diabetes Guides
12	Home Care Skills	Programmed Manual Part 3 & 4
13	Home Care & Teaching Skills	Programmed Manual Part 5 & 6
14	Student Teaching Projects	Prepare project
15	Student Teaching Projects	Prepare project
16	Examination	Review
17	Course Evaluation	

CLASS SCHEDULE

COMMUNITY OUTPATIENT CLINIC ASSISTING (COMHL 11)

CLASS	TOPIC
1	Introduction
2	Vital signs, heights & weights
3	Obtaining of specimens
4	OB-GYN procedures I
5	OB-GYN procedures II
6	Assisting with rectal examinations
7	Review and exam
8	Sterile technique
9	Assisting with minor surgical procedures
10	Application of sterile and non-sterile dressing and splints
11	Autoclaving and stocking of supplies
12	Review and exam
13	Vision and hearing tests
14	Application of eye, ear, and nose drops
15	Ear irrigations
16	Application of heat and cold
17	Exam
18	Course evaluation

CLASS SCHEDULE

CHILDBEARING AND CHILD SPACING (COMHL 12)

CLASS	TOPIC
1	Introduction to course
2	Male and female reproductive systems
3	Human reproduction: how it happens
4	Child planning and child spacing
5	Child planning and child spacing
6	Being a woman today: different lifestyles for different individuals
7	Nutrition in pregnancy and lactation
8	Physiology of pregnancy
9	Prenatal care
10	Labor and delivery
11	Post partum care
12	Preparation for baby: layette needs, siblings
13	Breast feeding and bottle feeding
14	Observation and care of newborn baby
15	Observation and care of newborn baby (continued) and review
16	Final exam
17	Review of final exam
18	Evaluation of course

CLASS SCHEDULE

CHILD HEALTH (COMHL 13)

CLASS	TOPIC
1	Introduction to course and philosophy of maximizing each child's potential for health and development
2	Growth and development -- infancy through adolescence General principles Growth curves Needs and strengths at different ages and stages
3	Developmental assessment and guidance to parents: infancy through six years
4	Taking a well child history and problem history
5	Immunizations and skin testing
6	Common childhood illnesses and their management
7	Common childhood illnesses (continued)
8	Nutrition, feeding, and dental health: infancy through adolescence
9	Language development and how to facilitate it: at different ages and stages
10	The meanings of play Appropriateness of toys
11	Accident prevention, toilet training, tantrums
12	Sleep problems and fears
13	Toy fair
14	Discipline and behavior modification
15	Self esteem, learning, and learning problems in the school age child
16	The handicapped child: detection, treatment resources, helping parents
17	Common adolescent problems and how to help
18	Common adolescent problems and how to help (continued)
19	Final exam

HISTORY OF PROGRAM

The Community Health Worker Program at West Valley Community College was initiated in the Fall semester of 1969, with a class called Introduction to the Healing Arts, number as Health Education 51 and later Nursing Education 50A and 50B. The emphasis of this class was on basic health skills and health facts to prepare Community Health Workers to effectively perform their duties. The students were employed at the Alviso Health Center with a job title of Family Health Worker and were assigned to do outreach health work and clinic assisting.

The next year, in Fall 1970, two classes were added from the Human Services core curriculum, Interviewing Skills (Sociology 52) and Community Resources (Sociology 53). While the Alviso site was used again, students came from variety of health and social service agencies in Santa Clara County.

The curriculum has continued with this dual focus of health skills classes and Human Services classes. The skills focus began expanding into a variety of classes with the introduction of a special section of Health Education (Health Ed 1) for Community Health Workers, started in Fall, 1971. The following Spring the Healing Arts class was restructured and a name change petitioned from the Instruction Committee. The two resulting classes (NSED 51 A and B) prepared students in general public health skills and in maternal child health. The basic health skills curriculum was rounded out at this same time (Spring 1972) with the addition of a class called Outpatient Clinic Assisting (Nursing Education 52).

The health skills classes were combined with the Human Services core classes and work experience credit to form a 30 semester unit Community Health Worker Certificate Program. Students completing this program have the option of continuing another 30 units to complete an Associate of Arts Degree in Human Services. While listed as a two semester certificate program or a four semester degree program, flexible scheduling and sequencing of classes, mainly at off-campus sites, allow students to complete the program on a part time basis. Employed health workers can thus obtain college certified training within release time hours.

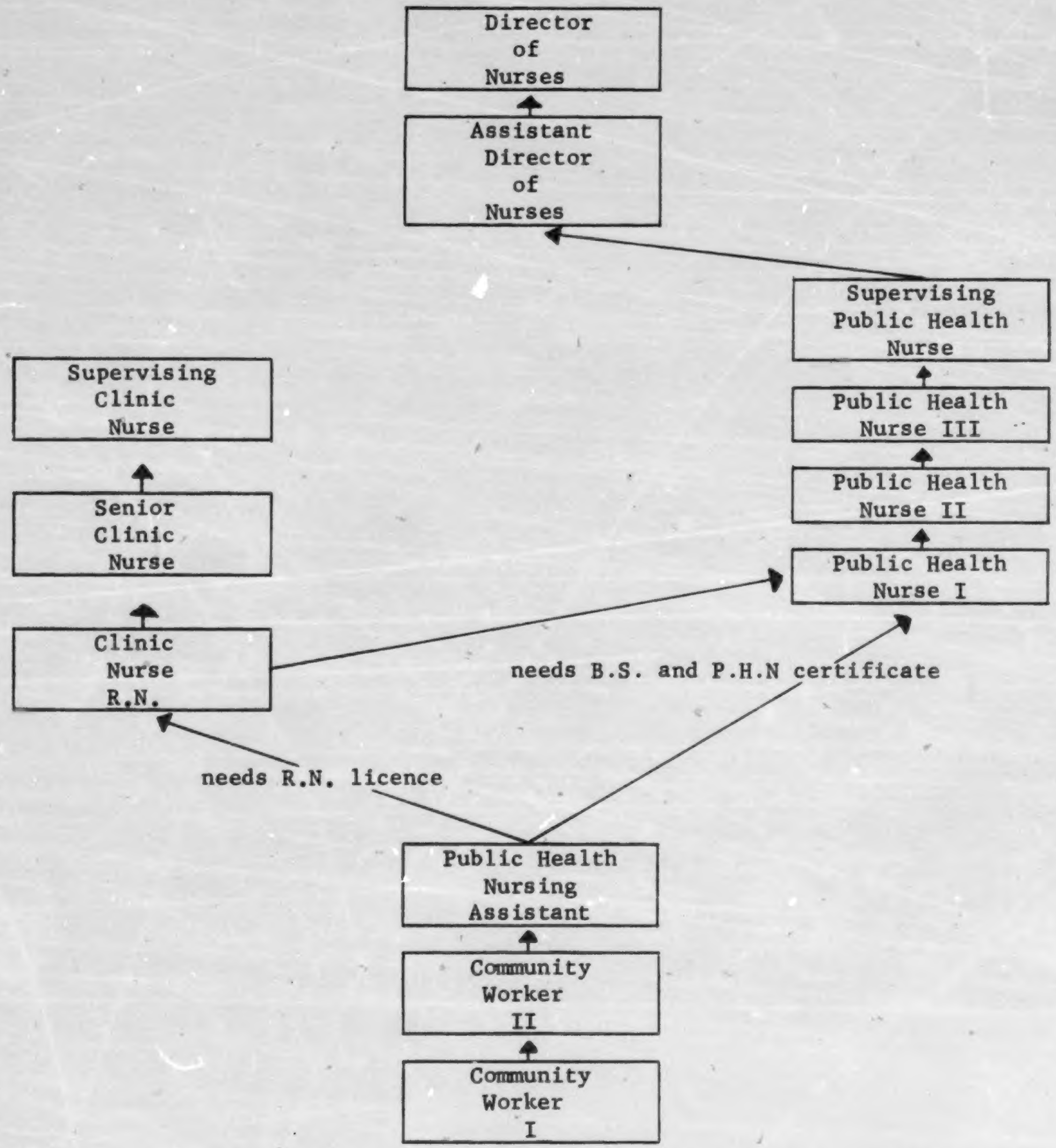
By 1972 the student group came from several agencies such as the County Health Department and 4 C's Child Care Centers. Off campus instruction continued at Alviso and was administered jointly through Occupational Education, Continuing Education and the Nursing Department at West Valley Community College, in co-operation with the training staff of Alviso Family Health Center. Informal co-ordination was done by the hourly instructors who were employed by the college to teach the skills classes in addition to their positions as training supervisors at the Health Center. This pattern continued from 1969 through 1972, instructors voluntarily sharing the coordination duties of recruitment, counseling, scheduling and curriculum development, even after they and the program moved away from the Alviso base to other off campus sites.

In February 1973 a grant was funded by Regional Medical Programs to develop Community Health Worker training through community colleges in Northern California. The grant was to be based at West Valley Community College and was to use the college's Community Health Worker Program as an example curriculum in surveying other areas and developing similar programs.

SANTA CLARA COUNTY HEALTH DEPARTMENT

Nursing Division Career Ladder

Unofficial Copy -- as operational 4/74



SANTA CLARA COUNTY HEALTH DEPARTMENT

Community Worker Salary Scale

Community Worker I	$541.00 - $643.00
Community Worker II	$554.00 - $674.00
Community Worker III	$627.00 - $761.00
Community Worker Coordinator	$658.00 - $799.00

PUBLIC SERVICE WORKER I

Santa Clara County

Definition

Under direct supervision, to assist departmental professional and technical staff by performing a variety of support tasks and services of a nonprofessional nature.

Distinguishing Characteristics

This is the entry level in the Public Service Worker class series. Positions in this class may be found in a variety of departments. Incumbents are assigned nonprofessional duties which do not require previous training or experience. Incumbents receive on-the-job training and perform specific assignments of a well-defined and limited nature. Positions in this class are distinguished from positions in the next higher class of Public Service Worker II in that the latter receive less direct supervision and are assigned more diverse and complex duties.

Typical Tasks

The following typical tasks are common to positions in this class regardless of departmental assignments. Specific tasks, by department, are available in descriptive form.

Performs simple clerical tasks; makes appointments; keeps simple records; assembles and completes forms; gathers data and prepares brief reports; makes telephone calls to secure routine information and schedules appointments for initial and follow-up contacts; arranges transportation or drives residents receiving services of the department; acts as liaison with community residents and keeps professional staff informed of current community situations; learns general departmental programs and available community resources in order to acquaint community residents with existing departmental programs; assists in explaining new programs and provides assistance to residents in utilizing available department services and other community resources; learns County and departmental operating procedures, policies, and regulations applicable to job assignment; may act as interpreter in contacts involving non-English speaking residents; attends appropriate staff and in-service meetings; attends on-the-job training sessions; may pursue approved job-related educational courses; and performs other related duties as required.

Employment Standards

License: Possession of a valid California driver's license may be required.

Special Requirement: Designated positions may be required to speak Spanish.

Knowledge of: Problems, needs, attitudes, and behavior patterns of community residents.

Ability to: Understand and follow written and oral directions, record and maintain simple records; read and write English; communicate effectively and establish good relationships with community members; establish and maintain effective working relationships with others.

PUBLIC SERVICE WORKER II

Santa Clara County

Definition

Under close supervision, to assit departmental professional and technical staff by performing a variety of nonprofessional support tasks and services of average difficulty.

Distinguishing Characteristics

This is the working level in the Public Service Worker class series. Positions in this class may be found in a variety of departments. Positions in this class are distinguished from positions in the next lower class of Public Service Worker I in that the latter is the trainee level where emphasis is placed on on-the-job training and the performance of the less difficult duties.

Typical Tasks

The following typical tasks are common to positions in this class regardless of departmental assignments. Specific tasks, by department are available in descriptive form.

Provides nonprofessional assistance and support services to community residents and professional staff either in the field or clinic; makes appointments; keeps records; gathers data and prepares brief reports; may arrange for transportation or transport residents receiving services of the department; acts as liaison with community residents; explains departmental programs and services to community members; interprets community needs, conditions, and attitudes to professional staff members; may counsel clients/patients regarding person problems and explain to them available community resources; confers with professional staff to assist in evaluating client needs or problems; locates clients in the community who need the services of the department; may act as interpreter in contacts involving non-English speaking residents; attends on-the-job training sessions; may pursue approved job-related educational courses; attends appropriate staff and in-service meetings; and performs other related duties as required.

Employment Standards

Successful completion of six months as a Public Service Worker I in Santa Clara County and 10 semester units OR one year of work experience comparable to that of a Public Service Worker I.

Special Requirement: Designated positions may be required to speak Spanish.

Possession of a valid California driver's license may be required.

Knowledge of: Problems, needs attitudes and behavior patterns of community residents; departmental procedures and practices; general County procedures and policies; available community resources; basic record keeping skills.

Ability to: Work effectively with professional and other staff members; communicate effectively and establish and maintain good relations with community members; understand and follow oral and written instructions; record and maintain accurate records; interpret departmental programs and policies to community members.

PUBLIC HEALTH NURSING ASSISTANT

Santa Clara County

Definition

Under supervision, to assist Public Health nursing staff by performing a variety of clerical and nonprofessional clinical and community nursing tasks.

Distinguishing Characteristics

This is the specialist level and the third and highest step in the Public Health Nursing career ladder for the nonprofessional Public Service Worker class series. Positions in this class are distinguised from positions in the next lower class of Public Service Worker II by the assumption of a full range of technical duties common or unique to the activities of the Public Health Nursing Division. Responsibilities may include lead supervision over a number of Public Service Workers, depending upon the nature of the assignment. Eligibility for promotion to the professional nursing classes is contingent upon obtainment of the necessary Certificate of Registration issued by the California Board of Nursing Education and Nurse Registration.

Typical Tasks

Performs and/or demonstrates routine nursing procedures as directed; visits and interviews patients to discover, define and report on health conditions; makes and reports on observations of patients' basic health condition; reviews patients' files for background information and for determining needed supplies for visits; participates in basic community educational activities; clarifies professional instructions to patients and provides counseling in child growth and development, and pre and postnatal care; assists in the preparation of a variety of tests by preparing patients, arranging instruments and supplies, performing limited tests and reporting and recording test results; may administer routine medication; collects patients' specimens and performs skin tests for tuberculosis; completes initial health information forms, maintains patients' charts and makes appointments for clinic and field staff; provides liaison with community residents explaining health and other available community services, locating residents in the community who need medical service and collaborating in the referral of patients; inventories non-narcotic medical supply needs, obtains medical and office supplies, and cleans and sterilizes medical devices and instruments; may act as interpreter in contacts involving non-English speaking residents; attends appropriate staff and in-service meetings; attends on-the-job training sessions; may pursue approved job-related educational courses; may act as team leader over a number of Public Service Workers; and performs other related duties as required.

Employment Standards

Two years of experience comparable to a Public Service Worker and 30 semester units in the field of nursing, health care or other related field OR possession of a valid California license as a Vocational Nurse. One additional year of education (at least 30 semester units) may be substituted for a maximum of one year of the required work experience.

Special Requirement: Designated positions may be required to speak Spanish.

Possession of a valid California driver's license may be required.

Knowledge of: Epidemiology of communicable diseases and health disorders common in this County: routine nursing techniques used in home health care and counseling both in group and individual situations; problems, needs, attitudes and behavior patterns of community residents; general departmental procedures and policies; available community resources.

Ability to: Work effectively with professional and other staff members; establish and maintain effective relationships with community members; explain instructions relating to physical hygiene; understand and follow oral and written instructions; maintain neat and accurate records; advise and direct subordinate personnel.

PUBLIC SERVICES AIDE COORDINATOR

Santa Clara County

Definition

Under supervision, to assist professional personnel in the selection, training, placement, and work assignment coordination of Public Services Aides.

Distinguishing Characteristics

This single position class is assigned duties which free professional personnel from a variety of administrative activities involved in coordinating the use of Public Services Aides, and to community liaision activities requiring experience as an Aide but not application of professional work skills. Supervision is usually received from professional personnel with administrative responsibility for the Aide programs.

While the incumbent of this position performs some of the same tasks as employees in the class of Public Services Aide, these taks constitute only a small proportion of the position's duties and are performed under less immediate supervision.

Typical Tasks

Assists in the determination of tasks which may appropriately be performed by Aides; acts as a resource person to professionals concerning the reactions of Aides and community groups to policies and procedures governing the use of Aides; assists professionals in the development of policies and procedures affecting Aides; clarifies agency programs to individuals and groups in the community; interprets community needs and cultural patterns to professional staff; assists professional staff by establishing and maintaining contact with members of the community served; assists professional staff in the selection, placement and evaluation of Aides; counsels with Aides having job difficulties; assists in the orientation and training of Aides; acts as a consultant to other public and community agencies on the utilization of Aides and needs of poverty groups; prepares written reports; and performs related work as required.

Employment Standards

Training and experience equivalent to three years in a public or private agency in a position with duties equivalent to Public Services Aide in the Santa Clara County System.

Possession of a valid California driver's license.

Knowledge of: The problems, needs and attitudes of disadvantaged persons; community resources and services designed to meet the needs of disadvantaged persons.

Ability to: Interpret agency programs and policies to members of the community; relate and communicate effectively with disadvantaged persons; deal tactfully and effectively with professional staff, Aides, and the general public; train subordinates; analyze problems, formulate plans, and present oral and written reports clearly and effectively.

CAREER LADDER AND SALARIES

FAMILY HEALTH WORKER

Sacramento Capitol Health Center

FHW Salaries	I	2.75	2.85	2.95	
	II	3.00	3.10	3.20	
	III	3.30	3.40	3.50	3.60
	IV	3.70	3.80	3.90	4.00
	V	4.10			

STEPS

I. See recruiting job description.

II. Same as I plus completion of an eight week training course for Family Health Workers given by The Sacramento Neighborhood Health Service Corporation.

III. Same as I and II plus demonstrated performance in health screening skills.

Chart Preparation.
Vital Signs.

Patient Preparation.
Vision, Hearing, Vision Screening.

One year experience.

IV. Counseling skills in areas of nutrition, family planning, VD, sexuality, alcoholism, drug problems,

Develop a community project.

Three years experience.

V. Five years experience as a family health worker.

CAREER LADDER AND SALARIES

FAMILY HEALTH WORKER

Sacramento Capitol Health Center

	STEPS				
	1	2	3	4	5
Hourly	Beg.	(6 mos.)	(12 mos.)	(18 mos.)	(24 mos.)
I	2.75	—	—	—	—
II	3.00	3.08	3.15	3.23	3.31
III	3.31	3.39	3.48	3.57	3.65
IV	3.65	3.75	3.84	3.93	4.03
V	4.03	4.14	4.24	4.35	4.45
Annually					
I	5,720	—	—	—	—
II	6,240	6,396	6,556	6,720	6,888
III	6,888	7,060	7,237	7,418	7,603
IV	7,603	7,793	7,988	8,188	8,393
V	8,393	8,602	8,818	9,038	9,264
Monthly (Approx.)					
I	476.67	—	—	—	—
II	520	533	546	560	574
III	574	588	603	618	634
IV	634	649	666	682	699
V	699	717	735	753	772

FAMILY HEALTH WORKER

JOB DESCRIPTION

Sacramento Capitol Health Center

GOALS:

1. To function as a member of the Health Team, who communicates most directly and often with enrollees about health porblems and prevention of illness.
2. To understand Health as a process effected by the community, family and environment, and patient activites.
3. To become familiar with prevention of illness, particularly in this enrolled population.
4. To re-insure enrollee retention by providing guidance and assistance in coordinating clinic services.

BEHAVIORAL OBJECTIVES:

1. Works in the clinical setting providing direct support to the Clinicians, thereby facilitating better patient care.
2. Is aware of Health services available, and can offer information about improving physical and social environment.
3. Identifies enrollee's health problems in relation to the community he lives in, and works to promote health.

SALARY COMPARABILITY STUDY

October 1973

University of California Extension

		Watts	Mission	King City
	Program Director	30,366 - 36,912		
1.	Medical Director	28,000 +	27,000 - 34,627	
2.	General Practitioner		22,660 - 27,057 +	
3.	Internal Medicine		25,000 - 30,749 +	
4.	Pediatrician		24,000 - 29,518	
5.	Optometrist			
6.	Director of Social Service	13,298 - 13,908 +	12,000 +	13,000 +
7.	Dental Assistant	5,370 - 5,640	6,063	
8.	Dental Director	28,000 +	29,000 - 34,627 +	
9.	Dental-Expanded Duties Asst.			
10.	Dental Hygienist	10,576 - 11,442 +	10,000 +	
11.	Dentists		22,000 - 27,057 +	
12.	Nursing Director	13,908 - 14,604	12,000 +	
13.	Team P.H.N.	10,380 - 10,896 +	10,752	10,400
14.	R.N.	9,186 - 9,642 +	8,496 +	
15.	Head Clinic Nurse			
16.	Community Health Worker	6,516 - 6,852 +		4,410 +
17.	Health Educator			
18.	Nutritionist			

+ from 1972 study made at Mission Health Center

	West Oakland	Alviso
1. Medical Director	32,000	25,000 - 32,000
2. General Practitioner		22,000 - 25,000
3. Internal Medicine		25,000
4. Pediatrician		24,000
5. Optometrist	8,091 *	18,000 - 22,000
6. Social Worker, Psychological	10,452 - 12,878	11,400 - 13,852
7. Dental Assistant		4,800 7,938
8. Dental Director		27,000 - 31,256
9. Dental-Expanded Duties Asst.		7,500 9,572
10. Dental Hygienist	12,000	12,000 - 14,597
11. Dentists	26,000	21,500 - 26,133
12. Nursing Director		15,543 - 17,983
13. Team P.H.N.	15,300	11,599 - 12,288
14. R.N.	8,008 - 9,048 **	10,020 - 11,599
15. Head Clinic Nurse		12,179 - 14,098
16. Community Health Worker	5,512 - 6,344	5,700 - 7,270
17. Health Educator		
18. Nutritionist	11,340	
Program Director	36,000	

+ from 1972 study made at Mission Health Center

* Optometric Admin. Asst.

** Charge L.V.N.

		San Francisco	Berkeley
1.	Medical Director	24,000 - 30,315	26,000 - 35,400
2.	General Practicioner	20,519 - 25,034	Physician 100.09/da
3.	Internal Medicine	20,519 - 25,034	
4.	Pediatrician	20,519 - 25,034	
5.	Optometrist		(P.H.S.W.)
6.	Social Worker, Psychological	12,610 - 15,314	11,880 - 14,328
7.	Dental Assistant	7,488 9,100	
8.	Dental Director	23,738 - 28,886	
9.	Dental-Expanded Duties Asst.		
10.	Dental Hygienist	8,892 - 10,790	
11.	Dentists	20,514 - 25,034	
12.	Nursing Director	21,866 - 26,572	15,720 19,116
13.	Team P.H.N.	13,416 - 16,302	11,856 - 14,292
14.	R.N.	10,972 - 12,844	10,092 - 11,580
15.	Head Clinic Nurse	13,416 - 16,302	
16.	Community Health Worker	5,486	7,344 - 7,848
17.	Health Educator	12,480 - 15,158	11,880 - 14,328
18.	Nutritionist	11,024 - 13,416	

+ from 1972 study made at Mission Health Center

	Kaiser	San Francisco County Hosp.
1. Medical Director		
2. General Practicioner		
3. Internal Medicine		
4. Pediatrician		
5. Optometrist		
6. Social Worker, Psychological		
7. Dental Assistant		
8. Dental Director		
9. Dental-Expanded Duties Asst.		
10. Dental Hygienist		
11. Dentists		
12. Nursing Director		19,128 23,244
13. Team P.H.N.	Home care 10,000 - 11,460	
14. R.N.	10,620 - 12,420	10,548 - 11,348
15. Head Clinic Nurse	12,640 - 14,683	12,936 - 15,732
16. Community Health Worker	7,589 - * 8,379	
17. Health Educator		
18. Nutritionist		

+ from 1972 study made at Mission Health Center
* Clinic Asst.

AGENCY SURVEY

Name of Agency: ____________________

Address: ____________________

Respondent: ____________________ Title: __________

1. Does your agency employ persons working as aides, community workers, outreach workers or other non-clerical paraprofessionals who have contact with and provide health care services to the public? ________

2. How many such persons do you employ? ________ Paid

3. How many volunteers work with your agency? ________

4. In what job classifications? ____________________

5. What is the general background (e.g., education, employment, etc.) of the aides you employ? ____________________

   ____

6. Would your agency be willing to participate on an Ad Hoc Committee for developing education for aides in community health services? Yes ________ No ________

7. If job-relevant training were available through the community college, would your agency give release time? ________ How much per week? ________

8. Which of the following time options would be acceptable to your agency. Check as many as applicable.

   ________ 2 1½ Hr. classes/wk
   ________ 1 3 hr. class/wk
   ________ 2 3 hr. classes/wk
   ________ Other (explain)

   ________ a.m. classes
   ________ late afternoon classes
   ________ evening classes

9. Which of the following content areas would be of interest to your agency? Check interest.

	Much interest	Some interest	No interest
1. One-to-one communication and counseling skills	________	________	________
2. Small group communication skills	________	________	________
3. Use of community resources	________	________	________
4. Basic human psychology	________	________	________
5. Health education	________	________	________
6. Outpatient clinic skills	________	________	________
7. Family planning	________	________	________

	Much interest	Some interest	No interest
8. Child growth and development			
9. Child health			
10. Maternal health			
11. Community health skills			
12. Health teaching skills			
13. Adult health			
14. Nutrition			
15. Medical and personal ethics			
16. Alcoholism / drug awareness			
17. Anatomy / physiology			
18. Ethnic / cultural studies			

19. Other, explain ____________________

THE CURRICULUM PLANNING

PROCESS FOR SERVICE BASED PROGRAMS

I. Do a task analysis of the jobs for which you wish to train people. Consider the following factors.

   1. What do the workers tell you they do? How do they see their jobs? (verbal analysis)

   2. What do the workers do? (To be determined through direct observation)

   3. What do the workers want to do? (ask them)

   4. What do the supervisors want their workers to do? (ask the supervisors)

   5. What do you (the outsider) think that they should do. Be careful not to weight this too heavily.

II. Make a task list -- just list all the tasks you have found in your analysis. Then with the supervisors and/or other appropriate people decide what tasks you wish to train people to do.

III. Make skills list. Define the skills necessary to complete each task. Determine which skills are appropriate to more than one task (those skills which appear most often may but not necessarily will take early priority in your training program.

IV. Determine what skills the workers already have by:

   1. Ask them -- least sure method.

   2. Observe them.

   3. Give pretest.

V. Make a list of all the skills and knowledge you will have to teach.

VI. Order these skills and/or knowledge in the way you are going to teach them. Set priorities -- see sheet on phasing training programs.

CONDUCTING A TASK ANALYSIS

The New Careers Training Laboratory approach to task analysis is not a perfect technique which is guaranteed to ensure instant success, and should not be so represented. It is, however, a very concrete and systematic technique which is easy to employ.

The simplicity of the technique obscures the fact that its application in the work situation can be complex. Full effectiveness is not achieved until considerable experience in its use has been acquired.

The basic tool used by the New Careers Training Laboratory staff to conduct a task analysis is the Task Analysis Chart.

NCTL TASK ANALYSIS CHART				JOB:	
ACTIVITY	CONDITIONS	CRITERIA	PRIMARY SKILLS	SECONDARY SKILLS	DESIRABLE SKILLS
What tasks must be done in order to provide adequate services?	Where are the tasks done? How are they done? What materials, equipment, etc. are used? Who gives guidance, support technical information, and supervision?	What does an employee do that can be observed and measured objectively to find how well he does each task?	What are the basic skills needed to perform each task?	Which skills, attributes, or knowledge will help the employee perform the task better?	What life and work experience is needed? Which discretionary skills will enhance the employee's performance? What personal qualities are desireable?

COMMUNITY HEALTH WORKERS

Workshop

Monday, March 26, 1973

Frances Ortiz
Tulare County Child Care
Ed. Program
809 West Main Street
Visalia, CA 93277

Juanita Lopez
Child Health Worker, 4 C's
1396 East Santa Clara
San Jose, CA

Mrs. Dolores Chiadez
ENEP
215 North First Street
San Jose, CA 95113

Elvira Garcia
Family Planning Clinic
Santa Clara County Health Department
2220 Moorpark Avenue
San Jose, CA 95128

Lisa Perez, Family Health Worker
Gardner Family Health Center
325 Willow Street
San Jose, CA

Virginia Nieto, Community Health Worker
Santa Clara County Health Department
1989 McKee Road
San Jose, CA 95116

Billie Upshaw
Fresno County Health Department
515 South Cedar
Fresno, CA

Rosa Travis
Fresno County Health Department
515 South Cedar
Fresno, CA

Rosalie Bernal
Head Start
99 Notre Dame
San Jose, CA

Virginia Hernandez
E.O.C. Family Planning
1606 East California Avenue
Fresno, CA 93706

Carmen Nunez, Community Liaison
Worker
George Mayne School
Taylor & School Streets
Alviso, CA 95002

Lucy LaDeaux, F.H.W.T.
Alviso Family Health Center
1621 Gold Street
Alviso, CA 95002

Estella Rivera
Orange Cove Family Health Center
P. O. Box 427
Orange Cove, CA 93646

Dora Mate
P. O. Box 266
West Point, CA

Gloria J. Grimes
P. O. Box 112
West Point, CA 95255

Alice Cano
Orange Cove Family Health Center
P. O. Box 427
Orange Cove, CA 93646

Esther Sanchez
Tulare Child Care (Head Start)
809 West Main
Visalia, CA

Aurora Perales
Community Health Worker Project
14000 Fruitvale Avenue
Saratoga, CA 95070

SUPERVISORS WORKSHOP

Wednesday, March 28, 1973

Wilma Ash
Head Start
99 Notre Dame
San Jose, CA 95110

Anita Costa, P.H.N.
1703 Woodland Avenue
Palo Alto, CA

Anna Garvey, P.H.N.
Health Coordinator
4 C's, Inc.
425 West Hedding Street
San Jose, CA 95110

Margaret Johnson
Orange Cove Family Health Center
P. O. Box 427
Orange Cove, CA 93646

Donna Miguelgorry
East Valley Health Center
Santa Clara County Health Department
1989 McKee Road
San Jose, CA 95116

Lucille Egbert, R.N.
Head Start (Tulare)
809 West Main
Visalia, CA

Betty Arnold, R.N.
Head Start (Tulare)
809 West Main
Visalia, CA

Barbara Aved, P.H.N.
Fresno County EOC
Family Planning Program
1606 East California Avenue
Fresno, CA 93706

Cynthia Rohrs, School Nurse
George Mayne School
Taylor & School Streets
Alviso, CA 95002

Karen Miyamoto
Liaison Nurse
Santa Clara Valley Medical Center
751 South Bascom Avenue
San Jose, CA 95128

Betty Kinoshita, P.H.N.
Family Planning Coordinator
Santa Clara County Health
Department
2220 Moorpark
San Jose, CA 95128

Al Klascius, Health Education
Planned Parenthood Association
28 North 16th Street
San Jose, CA 95112

Vince Suchoski, Health Educator
Planned Parenthood Association
28 North 16th Street
San Jose, CA 95112

Vicki Stern, M.D.
Gardner Family Health Center
325 Willow Street
San Jose, CA

Mary Hall
ENEP State Office
2525 Stuart #60
Berkeley, CA 94705

Dorothy Piper
Fresno Public Health Department
515 South Cedar
Fresno, CA

Andrée Early
Fresno Head Start
2309 Tulare Street
Fresno, CA

TEACHERS WORKSHOP

Friday, March 30, 1973

Sharon Kelkenberg, P.H.N.
West Valley College
14000 Fruitvale Avenue
Saratoga, CA 95070

Lenore Wilson, P.H.N.
425 West Hedding Street
San Jose, CA

Charla Hill, P.H.N.
Alviso Family Health Center
1621 Gold Street
Alviso, CA 95002

Shirley Main, Health Educator
Fresno Health Department
515 South Ceder
Fresno, CA

Leona Judson
University of California, Davis
Department of Family Practice
Davis, CA 95616

Dorothy Hutton
California Rural Indian Health Board
1760 Solano Avenue
Berkeley, CA

Roberta Horoho
Regional Medical Program
703 Welch Road
Palo Alto, CA

Elizabeth Deutsch, P.H.N.
West Valley College
14000 Fruitvale Avenue
Saratoga, CA 95070

Dorothy Gorman
West Valley College
14000 Fruitvale Avenue
Saratoga, CA 95070

Don Row
West Fresno Health Council
2555 South Elm
Fresno, CA 93706

Mrs. C. Watkins
ENEP
854 Tulore Street
Fresno, CA 93706

Corliss Brecht
Orange Cove Family Health Center
P. O. Box 427
Orange Cove, CA 93646

Estella West, Home Advisor
U.C. Cooperative Extension Service
(ENEP)
215 North First Street
San Jose, CA 95113

Northern California Community Worker Conference

ATTENDANTS

December 15, 1973

Lupe M. Sierra
Santa Clara County Health Department
San Jose, California 95128

Brenda Uyehara
Alviso Family Health Center
Alviso, California 95002

Hattie Myles Ellisen
Home Kare, Inc.
San Jose, California 95150

Irma Talamantez
Santa Clara County Health Department
San Jose, California 95128

Juanita Perez
Alviso Family Health Center
Alviso, California 95002

Juanita Cox
Berkeley Health Department
Berkeley, California

Jesus G. Reyes
Sacramento Health Service Corporation
Sacramento, California

David J. Rodriguez
Fresno Community Action
Fresno, California

Dorothy Raymond
Student -- West Valley College
Saratoga, California 95070

Treva Joyce Dean
Student
Fresno, California

Annette F. Mullen
Community Health Worker
Sunnyvale, California

Judy Rucker
Student -- West Valley College
Saratoga, California 95070

Colleen Mulrane
Unicare
San Jose, California

Anne B. Sankey
Sacramento Health Service Corporation
West Sacramento, California

Ed Sierra
Santa Clara County Health Department
San Jose, California 95128

Linda Meyer
Women's Clinic
San Jose, California

Susie A. Shipman
Berkeley Health Department
Berkeley, California

Cathy Learned
Los Pequenitos Infant Center
San Jose, California

Margarita Aguilar
Fresno County Health Department
Fresno, California

Ernanita Diez
Santa Clara Valley Medical Center
San Jose, California 95128

Minnie Castro
Food Stamps & Supplemental Foods
San Francisco, California 94124

Ismael Rodriguez
Fresno Valley Health Team
Fresno, California

Richard Davis
Fresno American Indian Council
Fresno, California

Victoria Diaz
Children's Bureau Service
San Jose, California

Ray A. Rubio, Director
Salud Clinic
Broderick, California

Carmen Shelley
Salud Clinic
Broderick, California

Sarah D. Hendricks
Home Kare, Inc.
San Jose, California 95150

Alice Rivera
Sacramento Health Services Corporation
Sacramento, California

Lisa Perez
Gardner Community Health Center
San Jose, California

Sarah Bloomstine
Lakewood Children's Center
San Jose, California

Emily Tiscareno
Home Kare, Inc.
San Jose, California 95150

Gerrie Hernandez
Salud Clinic
Broderick, California

Joan Schauberger
Salud Clinic
Broderick, California

Victoria A. Odem
Salud Clinic
Broderick, California

Ray Perez
Santa Clara County Health Department
San Jose, California

Estela Ramirez
Sacramento Health Services Corporation
Sacramento, California

Irene Carize
Community Health Worker
San Francisco, California

Benji Ford
Community Health Worker
Sunnyvale, California

Magdalena Carbajal
Berkeley Health Department
Berkeley, California

Betty David
Volunteer -- Juvenile Probation Department
San Jose, California

Jean Brooks
Berkeley Health Department
Berkeley, California

Don Hackett
Santa Clara County Department of Social Services
San Jose, California

Rita Walker
Fresno Health Council
Fresno, California

Marian B. Lowe
Fresno County Health Department
Fresno, California

Mary Sylvestri
Santa Clara County Health Department
San Jose, California

Orphia McKinney
Berkeley Health Department
Berkeley, California

Sammie Rivera
Orange Cove Family Health Center
Orange Cove, California

Hortencia Herrera
Santa Clara County Health Department
San Jose, California

Mary Frierson
Family Planning
Fresno, California

Liz Dean
Student
Fresno, California

Dorothy Landels
Santa Clara County Department of
Social Services
San Jose, California

WEST VALLEY COMMUNITY COLLEGE

COMMUNITY HEALTH WORKER PROJECT

West Valley Community College has recently begun work on a grant funded by Regional Medical Programs for an eleven month developmental project. This project will focus on coordinating educational and service activities for Community Health Workers in specific areas throughout the State of California.

The major purpose of this project is to bring a true identity to the position and role of the Community Health Worker. The emphasis of the project will focus upon six objectives:

1. To establish an Advisory Committee, which will provide a forum for discussion and exploration of the role of the Community Health Worker in health care and education systems.
2. To identify the knowledge, skills and attitudes necessary for successful functioning of the Community Health Worker.
3. Develop a basic curriculum for Community Health Workers that will permit flexibility so that the total program can be utilized by community colleges throughout the state.
4. Explore the possibility of establishing an ad hoc Articulation Committee to discuss standardization of Community Health Worker programs in community colleges and ways to mesh with other health related career and transfer programs.
5. Establish three pilot programs in California community colleges for the training of Community Health Workers.
6. Assist health agencies in understanding the role of Community Health Workers and appropriately utilizing them.

West Valley College has been actively involved with the Community Health Worker role since 1968 when the College began to give college-credited training for Community Health Workers in various service agencies within Santa Clara County. Since that time the College has also developed programs for the rural Indian Community Health Workers and other human service professions. Impetus for this current project came from the active concern of the Regional Medical Programs, the Rural Indian Health Board, Farm Workers Health Service and Santa Clara County agencies for a developmental project that would coordinate both service and educational activities of Community Health Workers on a state-wide basis.

Staff for this interagency training program for Community Health Workers are:

Warren Sorenson	Project Director Assistant Superintendent, Education West Valley College
Phyllis Williams	Associate Project Director R.N., O.T.T., Instructor of Sociology, West Valley West Valley College
Esperanza Walters	Program Development Officer R.N., Instructor West Valley College

Beatrice Porter	Program Development Officer Instructor, West Valley College Curriculum Coordinator, U.C. Santa Cruz
Jackie Washington	Program Development Officer P.H.N., Instructor West Valley College
Aurora Perales	Community Health Worker, Graduate West Valley College Community Health Worker Program
Kate Lorig	Consultant in Community Health

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